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 (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

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 <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:

_____

_____

_____

B. Does the child have problems hearing?

☐ YES (Continue) ➤

☐ NO (Go to 2.C.)

If **"yes**," 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:

_____

_____

_____

☐ 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 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. Are the child's daily activities limited?	If "**yes**," or "**not sure**," please mark every statement below that is true about the child:

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 <u>every</u> 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.	H. Does the child's impairment(s) affect his or her social activities or behavior with other people?	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** Has friends his or her own age
	☐ YES (Continue) ➤	☐ **Yes** ☐ **No** Can make new friends
		☐ **Yes** ☐ **No** Generally gets along with you or other adults
	☐ NO (Go to 2.I.)	☐ **Yes** ☐ **No** Generally gets along all right with brothers and sisters
	☐ NOT SURE (Continue) ➤	☐ **Yes** ☐ **No** Generally gets along with school teachers
		☐ **Yes** ☐ **No** Plays team sports (for example, baseball, basketball, soccer)
		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.	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: ☐ Yes ☐ No Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.) ☐ Yes ☐ No Washes and puts away his or her clothes ☐ 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 Can cook a meal for self ☐ Yes ☐ No Gets to school on time ☐ Yes ☐ No Studies and does homework ☐ Yes ☐ No Takes needed medication ☐ Yes ☐ No Can use public transportation by himself/herself ☐ Yes ☐ No Accepts criticism or correction ☐ Yes ☐ No Keeps out of trouble ☐ Yes ☐ No Obeys rules ☐ Yes ☐ No Avoids accidents ☐ Yes ☐ 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: _____ _____ _____ _____ _____ _____ _____ _____

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

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** (Continue) ➤

☐ **NO** (Go To 2.K.)

☐ **NOT SURE** (Continue) ➤

☐ **Yes** ☐ **No**   Works on arts and crafts projects (draws, paints, knits, does woodwork)

☐ **Yes** ☐ **No**   Keeps busy on his or her own

☐ **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

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:

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

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_____

SECTION 3 - REMARKS

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.