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

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 1 - IDENTIFYING INFORMATION
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CITY STATE ZIP CODE		MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route):
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CITY STATE ZIP CODE		
		CITY STATE ZIP CODE

	SECTION 2 - FUNCTION DETAILS					
2.	A. Does the child have problems seeing?	If "ye true a	es," please mark <u>every</u> statement below that is <u>generally</u> about the child:			
	YES (Continue)		Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:			
	NO (Go to 2.B.)					
			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?	If " yes true a	s," please mark <u>every</u> statement below that is <u>generally</u> bout the child:			
	YES (Continue)		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:			
	■ NO (Go to 2.C.)					
			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?	Does the child have problems talking clearly?				
	Yes (Go to 2.D.)	Yes (answer questions below)				
	■ NO (Continue)	No (continue to 2.D.)				
	, and the second	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:					
	VEC (Continue)	☐ Goes	s to school	full-time	■ Works part-time		
	YES (Continue)	☐ Goes	s to school	part-time	■ Works full-time		
	No (Go to 2.E.)	☐ Othe	er. Describe	: :			
	NOT SURE (Continue)						
	, and the second	If necessary, please explain. In addition, please tell us anything else you think we should know about the child's daily activities:					
	Lighter child's chility to	If "voe " or	"not suro	" places tall us wha	at the child does or can do by		
	E. Is the child's ability to communicate limited?			o" for each of the fol			
	☐ YES (Continue) ——▶	☐ Yes	☐ No	Answer the teleph calls	one and make telephone		
		☐ Yes	☐ No	Deliver phone mes	ssages		
	☐ No (go to 2.F.)	☐ Yes	☐ No	Repeat stories he	or she has heard		
	NOT SURE (Continue)	☐ Yes	☐ No	Tell jokes or riddle	es accurately		
		☐ Yes	☐ No	Explain why he or	she did something		
		☐ Yes	☐ No	Uses sentences w or "should have be	rith "because," "what if," een"		
		☐ 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	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:					
	understanding and using what he or she has learned?	☐ Yes	□ No		and understa s and cartoor		ces in
	YES (Continue)	☐ Yes	☐ No		and understa zines, or new		in books,
	■ NO (Go to 2.G.)	☐ Yes	☐ No	Spell v	words of mor	e than 4 le	etters
	■ NOT SURE	☐ Yes	☐ No	Tell tir	ne		
	(Continue)	☐ Yes	☐ No	Add a	nd subtract n	umbers ov	ver 10
		☐ Yes	☐ No	Multip	ly and divide	numbers o	over 10
		☐ Yes	☐ No	Under chang	stands mone e	y - can ma	ake correct
		☐ Yes	☐ No		stand, carry e instructions	out, and re	emember
		you think	we should		out the child's		is anything else in understanding
	G. Are the child's physical abilities limited?	If " yes ," or checking "	"not sur yes" or "r	e," please no" for eac	tell us what t h of the follow	he child do ving:	pes or can do by
	YES (Continue)	☐ Yes	☐ No	Walk	☐ Yes	☐ No	Ride a bike
		☐ Yes	☐ No	Run	☐ Yes	☐ No	Throw a ball
	■ NO (Go to 2.H.)	☐ Yes	☐ No	Dance	☐ Yes	☐ No	Jump rope
	NOT SURE (Continue)	☐ Yes	☐ No	Swim	☐ Yes	☐ No	Play sports
		Yes	☐ No	Drive a car	☐ Yes	☐ No	Work video games controls
					n addition, pl out the child's		is anything else abilities:

2.	H. Does the child's	If "yes," or "not sure," please tell us what the child does or can do by				
	impairment(s) affect his	checking "yes" or "no" for each of the following:				
	or her social activities or	_	_			
	behavior with other people?	☐ Yes	☐ No	Has friends his or her own age		
		☐ Yes	☐ No	Can make new friends		
	YES (Continue)	☐ 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		
	(continue)	☐ Yes	☐ No	Plays team sports (for example, baseball, basketball, soccer)		
				explain. In addition, please tell us anything else know about the child's behavior around other		
		_				

2.	take care of his or her		o" for each of the following:	
	personal needs and			
	safety limited?	☐ Yes	☐ No	Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.)
	YES (Continue)	☐ Yes	☐ No	Washes and puts away his or her clothes
	■ NO (Go to 2.J.)	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)
	NOT SURE (Continue)	☐ 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
		you think v	ry, please we should l nal needs a	explain. In addition, please tell us anything else know about the child's ability to take care of his or and safety:

2.	J. Is the child's ability to pay attention and stick	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:				
	with a task limited?	☐ Yes	☐ No	Works on arts and crafts projects (draws, paints, knits, does woodwork)		
	YES (Continue)	☐ Yes	☐ No	Keeps busy on his or her own		
	■ NO (Go To 2.K.)	Yes	☐ No	Finishes things he or she starts		
	NOT SURE (Continue)	☐ Yes	☐ No	Completes homework		
	(commute)	☐ Yes	☐ No	Completes homework on time		
		☐ Yes	☐ No	Completes chores most of the time		
			we should l	explain. In addition, please tell us anything else know about the child's ability to pay attention and		
	K. Please tell us anything e	l Ise about tl	he child th	at you think we should know.		

SECTION 3 - REMARKS
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