Function Report - Child Age 6 to 12th 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 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 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 qualities 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.

See Revised PRA Attached PAPERWORK REDUCTION ACT: 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, Bultimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

FUNCTION REPORT - CHILD AGE 6 TO 12th BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

	SECTION 1 - IDENTIFY THIS INFORMATION
	A. Print NAME OF CHILD:
	FIRST MIDDLE LAST
	B. Child's SOCIAL SECURITY NUMBER:
	C. Child's DATE OF BIRTH:
l	Month/Day/Year
	D. PERSON COMPLETING FORM
Ì	NAME:
	RELATIONSHIP TO CHILD:
ŀ	DATE FORM COMPLETED:
l	Month/Day/Year
Ì	DAYTIME TELEPHONE NUMBER (including Area Code):
ŀ	MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route):
	CITY STATE ZIP CODE
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	SECTION 2 - FUNCTION DETAILS				
2.	A. Does the child have problems seeing?	If "ye	es," please mark every statement below that is generally 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 " ye: 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 he even with a hearing aid(s) OR has trouble using a hea 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	Does the child have problems talking clearly?			
	unable to talk?				
	YES (Go to 2.D.)	Yes (answer questions below)			
	NO (Continue)	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:			
		ı . 			

2.	D. Is the child 's ability	If "yes," or "not sure," please tell us what the child does or can do by marking "yes" or "no" for each of the following:			
	to communicate limited?	indiking y	marking yes or no for each of the following.		
	YES (Continue)	☐ Yes	☐ No	Deliver telephone messages	
	■ NO (Go to 2.E.)	☐ Yes	☐ No	Repeat stories he or she has heard	
		☐ Yes	☐ No	Tell jokes or riddles accurately	
	NOT SURE (Continue)	☐ Yes	□ No	Explain why he or she did something	
		Yes	□ No	Uses sentences with "because," "what if," or "should have been"	
		☐ Yes	☐ No	Talks with family	
		☐ Yes	☐ No	Talks with friends	
				explain. In addition, please tell us anything else know about the child's ability to communicate:	

2.	E. Is the child's ability to progress in			," please tell us what the child does or can do by "for each of the following:
	learning limited?	☐ Yes	☐ No	Read capital letters of alphabet
		☐ Yes	☐ No	Read capital letters and small letters
	YES (Continue)	☐ Yes	☐ No	Read simple words
	■ NO (Go to 2.F.)	☐ Yes	☐ No	Read and understands simple sentences
		☐ Yes	☐ No	Read and understands stories in books or magazines
	NOT SURE (Continue)	☐ Yes	☐ No	Print some letters
		☐ Yes	☐ No	Print name
		☐ Yes	☐ No	Write in longhand (script)
		☐ Yes	☐ No	Spell most 3-4 letter words
		☐ Yes	☐ No	Write a simple story with 6-7 sentences
		☐ Yes	☐ No	Add and subtract numbers over 10
		☐ Yes	☐ No	Knows days of the week and months of the year
		☐ Yes	☐ No	Understands money - can make correct change
		☐ Yes	☐ No	Tells time
				explain. In addition, please tell us anything else know about the child's ability to progess in

2.	physical abilities			for each of the following:
	limited?	☐ Yes	☐ No	Walk
	YES (Continue)	☐ Yes	☐ No	Run
	NO (Go to 2.G.)	☐ Yes	☐ No	Throw a ball
		☐ Yes	☐ No	Ride a bike
	NOT SURE (Continue)	☐ Yes	☐ No	Jump rope
		☐ Yes	☐ No	Use roller skates or roller blades
		☐ Yes	☐ No	Swim
		☐ Yes	☐ No	Use scissors
		☐ Yes	☐ No	Work video game controls
		☐ Yes	☐ No	Dress/undress dolls or action figures
				explain. In addition, please tell us anything else now about the child's physical abilities:
				_

2.	impairment(s) affect his or her behavior with			e," please tell us what the child does or can do by o" for each of the following:
	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.H.)	☐ Yes	☐ No	Generally gets along with school teachers
	NOT SURE (Continue)	Yes	☐ No	Plays team sports (for example, baseball, basketball, soccer)
				e explain. In addition, please tell us anything else know about the child's behavior with other
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2.	H. Does the child's impairment(s) affect his or her ability to help himself or herself and cooperate with others	checking "yes" or "no" for each of the following:			
		☐ Yes	☐ No	Uses zipper by self	
	in taking care of personal needs?	☐ Yes	☐ No	Buttons clothes by self	
		☐ Yes	☐ No	Ties shoelaces	
	YES (Continue)	☐ Yes	☐ No	Takes a bath or shower without help	
	NO (Go to 2.I.)	☐ Yes	☐ No	Brushes teeth	
	■ NOT SURE	☐ Yes	☐ No	Combs or brushes hair	
	(Continue)	☐ Yes	☐ No	Washes hair by self	
		☐ Yes	☐ No	Chooses clothes by self	
		☐ Yes	☐ No	Eats by self using a knife, fork, and spoon	
		☐ Yes	☐ No	Picks up and puts away toys	
		☐ Yes	☐ No	Hangs up 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	Does what he or she is told most of the time	
		Yes	☐ No	Obeys safety rules; for instance, looks for cars before crossing street	
		☐ Yes	☐ No	Gets to school on time	
		☐ Yes	☐ No	Accepts criticism or correction	
		you think v	ve should k	explain. In addition, please tell us anything else know about the child's ability to help him or e with others in caring for personal needs:	

<u>.</u> .	pay attention and stick with a task limited?			" for each of the following:
	will a lask iiilileu!	☐ Yes	□ No	Keeps busy on his/her own
		☐ Yes	□ No	Finishes things he or she starts
	YES (Continue)	☐ Yes	□ No	Works on arts and crafts projects (draws, paints, knits, does woodwork)
	■ NO (Go to 2.J.)	☐ Yes	☐ No	Completes homework
	NOT SURE (Continue)	☐ Yes	□ No	Completes chores most of the time
			we should k	explain. In addition, please tell us anything else know about the child's ability to pay attention and
	J. Please tell us anything el	lse about th	ne child tha	at you think we should know.
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SECTION 3 - REMARKS

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

Function - Child Age 6 to 12th Birthday, Form SSA-3378-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.

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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.