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.

Privacy Act Statement

Sections 1614 and 1631(e)(1), of the Social Security Act, as amended, and 20 CFR 416.924(a), authorize us to collect this information. We will use the information you provide on behalf of the child to determine his or her eligibility for Supplemental Security Income (SSI) payments based on disability.

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

We rarely use the information you supply for any purpose other than to make a decision regarding the child's eligibility for SSI payments. 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 ensure 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 payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notice 60-0089, entitled, Claims Folders Systems. Additional information about this and other system of records notices and our programs is available on-line at www.socialsecurity.gov or at your local 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 <u>Paperwork Reduction Act of 1995</u>. 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. 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.

FUNCTION REPORT - CHILD AGE 12 TO 18th BIRTHDAY

	SECTION 1 - IDE	NTIFYING INFORMATION	
1.	A. Print NAME OF CHILD:		
	FIRST		
	MIDDLE		
	LAST		
	B. Child's SOCIAL SECURITY NUMBER		
	C. Child's DATE OF BIRTH:		
	1	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 Rout			or Rural Route):
	CITY	STATE	ZIP CODE

	SECTION 2 - FUNCTION DETAILS			
2.	A. Does the child have problems seeing?	If "yes ," please mark <u>every</u> statement below that is <u>generally</u> true 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.)	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?	If " yes ," please mark <u>every</u> statement below that is <u>generally</u> true about the child:		
	YES (Continue) NO (Go to 2.C.)	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.		

۷.	to talk?	Does the child have problems talking cleany?
	YES (Go to 2.D.)	Yes (answer questions below)
	☐ NO (Continue) ——	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?	is true about the child:		
	YES (Continue)	Goes to school full-time Works part-time		
		Goes to school part-time Works full-time		
	NO (Go to 2.E.)	Other. Describe:		
	NOT SURE (Continue)	If necessary, please explain. In addition, please tell us anything else you think we should know about the child's daily activities:		
	E la the child's chility to	If "yea" or "not aums" places tell us what the shild does or can		
	E. Is the child's ability to communicate 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)	Yes No Answer the telephone and make telephone calls		
	NO (Go to 2.F.)	Yes No Deliver phone messages		
		Yes No Repeat stories he or she has heard		
	□ NOT SURE →	Yes No Tell jokes or riddles accurately		
	(Continue)	Yes No Explain why he or she did something		
		Yes 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:		

۷.	the child's progress in			e , please tell us wh s " or " no " for each o		
	understanding and using what he or she has learned?	Yes	No	Read and understa	ınd sente	nces in comics
	YES (Continue)	Yes	No	Read and understa magazines, or new		s in books,
		Yes	No	Spell words of mor	e than 4 I	etters
	NO (Go to 2.G.)	Yes	No	Tell time		
	□ NOT SURE →	Yes	No	Add and subtract n	umbers o	over 10
	(Continue)	Yes	☐ No	Multiply and divide	numbers	over 10
		Yes	No	Understands mone change	y - can m	ake correct
		Yes	No	Understand, carry simple instructions	out, and r	remember
		else you th	nink we sl	e explain. In addition nould know about th using what he or sho	e child's p	orogress in
	G. Are the child's physical abilities limited?			e ," please tell us wh s " or " no " for each o		
	☐ YES (Continue) →	Yes		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
		Yes	No	Swim Yes	No	Play sports
	☐ NOT SURE (Continue)	Yes	No	Drive a Yes car	No	Work video games controls
			•	e explain. In addition nould know about th	•	

۷.	impairment(s) affect his or her social activities or	do by checking " yes " or " no " for each of the following:
	behavior with other people?	Yes No Has friends his or her own age
	YES (Continue)	Yes No Can make new friends
	NO (Go to 2.I.)	Yes No Generally gets along with you or other adults
	□ NOT SURE →	Yes One Generally gets along all right with brothers and sisters
	(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	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:		
	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.) ☐ NOT SURE →	Yes	☐ No	Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard,
	(Continue)	Yes	No	helps with laundry) Can cook a meal for self
				Can cook a mear for sen
		Yes 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
		else you tl	hink we sl	e explain. In addition, please tell us anything hould know about the child's ability to take ersonal needs and safety:

attention and stick with a task limited?	do by checking "yes" or "no" for each of the following:
YES (Continue)	Yes No Works on arts and crafts projects (draws, paints, knits, does woodwork)
	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
(Commuc)	Yes No Completes homework on time
	Yes Occompletes 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 els	se about the child that you think we should know.

SECTION 3 - REMARKS