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

Sections 1614 and 1631(e)(1), of the Spcial 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 (SS) payments based on disability.

See Revised Privacy Act Statement Attached

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 raiely 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 goverage;
- 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 entitles 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 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 TAKE 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 (TTY1-800-325-0778). 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
	B. Child's SOCIAL SECURITY NU	MBER:	
	C. Child's DATE OF BIRTH :		
		Month/Day/Year	
	F		
	L		
	D. PERSON COMPLETING FORM	Л	
	NAME:		
	RELATIONSHIP TO CHILD:		
	DATE FORM COMPLETED:		
		Month/Day/Year	
	Γ		
) /inalydina Area Osals	1.
	DAYTIME TELEPHONE NUMBER	(including Area Code)) :
	MAILING ADDRESS (Number and	Street Apt No (if any	y) P.O. Box or Rural Route):
	W. TEIN O. A. D. T. T. C. C. T. C. T	O. O. O. T. P. T. T. (II all)), 1 . G. Box, 61 Hardi Houto).
	CITY	ЮТАТГ	ZID CODE
	CITY	STATE	ZIP CODE
			-

	SECTION 2 - FUNCTION DETAILS			
2.	A. Does the child have problems seeing?	If "yes," please mark every statement below that is generally 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.)			
		☐ Child has other seeing problems. If so, please describe:		
	B. Does the child have problems hearing?	If " yes," please mark every statement below that is generally true about 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	Does the child have problems talking clearly?	
	unable to talk?	☐ Yes (answer questions below)	
	☐ YES (Go to 2.D.)	☐ No (continue to question 2.D.)	
	☐ NO (Continue)	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. Is the child's ability to		" please tell us what the child does or can do
	communicate limited?	by checking "yes" or	"no" for each of the following:
	☐ YES (Continue)	☐ Yes ☐ No	Asks a lot of what, why, and where questions
	☐ NO (Go to 2.E.)	☐ Yes ☐ No	Uses complete sentences of more than 4 words most of the time
	□ NOT SURE (Continue)	☐ Yes ☐ No	Talks about what he or she is doing
		☐ Yes ☐ No	Takes part in conversations with other children
		☐ Yes ☐ No	Asks for what he or she wants
		☐ Yes ☐ No	Tells about things and activities that happened in the past
		☐ Yes ☐ No	Can tell a made up or familiar short story
		☐ Yes ☐ No	Can answer questions about a short read- aloud children's story or TV story like "Little Red Ridinghood"
		☐ Yes ☐ No	Can deliver simple messages such as telephone messages
			explain. In addition, please tell us anything else now about the child's ability to communicate:

۷.	impairment(s) limit his or	checking "yes" or "no" for	or each of the following:
	her progress in understanding and using	☐ Yes ☐ No	Recite numbers to 3
	what he or she has learned?	☐ Yes ☐ No	Count three objects (like blocks, cars or dolls)
		☐ Yes ☐ No	Recite numbers to 10
	☐ YES (Continue)	☐ Yes ☐ No	Identify most colors, such as purple, and shapes, such as a star
	☐ NO (Go to 2.F.)	☐ Yes ☐ No	Knows his or her age
	□ NOT SURE (Continue)	☐ Yes ☐ No	Asks what words mean
		☐ Yes ☐ No	Knows his or her birthday
		☐ Yes ☐ No	Knows his or her telephone number
		☐ Yes ☐ No	Can define common words
		☐ Yes ☐ No	Can read capital letters of the alphabet
		☐ Yes ☐ No	Understands a joke
		you think we should kn	xplain. In addition, please tell us anything else ow about the child's progress in ng what he or she has learned:
			-
			-
		l 	

2.	F. Are the child's physical abilities	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:	
	limited?	☐ Yes ☐ No	Catch a large ball, like a beach ball
	□ VEC (Continue)	☐ Yes ☐ No	Ride a big wheel, tricycle, or bike with training wheels
	☐ YES (Continue)	☐ Yes ☐ No	Wind up a toy
	☐ NO (Go to 2.G.)	☐ Yes ☐ No	Print at least some letters
	□ NOT SURE (Continue)	☐ Yes ☐ No	Copy first name
		☐ Yes ☐ No	Use scissors fairly well
		, , ,	e explain. In addition, please tell us anything nould know about the child's physical abilities :
	G.Does the child's impairment(s) affect his or her behavior with other		e," please tell us what the child does or can do "no" for each of the following:
	people?	☐ Yes ☐ No	Enjoys being with other children the same age
		☐ Yes ☐ No	Shows affection towards other children
	☐ YES (Continue)	☐ Yes ☐ No	Is affectionate towards parents
	☐ NO (Go to 2.H.)	☐ Yes ☐ No	Shares toys
	□ NOT SURE (Continue)	☐ Yes ☐ No	Takes turns
		☐ Yes ☐ No	Plays "pretend" with other children
		☐ Yes ☐ No	Plays games like tag, hide-and-seek
		☐ Yes ☐ No	Plays board games (like checkers or Candyland)
			explain. In addition, please tell us anything ould know about the child's behavior around

2.	H. Does the child's	If " ves ." 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"	
	impairment(s) affect his	if it is something the child used to do but doesn't do any more just	
	or her habits and ability		der. For example, if the child used to dress
	to take care of personal		•
	needs?	with help but now dress	es without help, check "yes" for both.
		☐ Yes ☐ No	Usually controls bowels and bladder
			during the day
			g ,
	☐ YES (Continue)	∐ Yes ∐ No	Eats using a fork and spoon by self
		☐ Yes ☐ No	Dresses self with help
	☐ NO (Go to 2.I.)		Diesses sen with help
	NOT CUDE	∐ Yes ∐ No	Dresses self without help (except tying shoes)
	NOT SURE		
	└─ (Continue)	☐ Yes ☐ No	Washes or bathes without help
			Washes of battles without help
		☐ Yes ☐ No	Brushes teeth with help
		☐ Yes ☐ No	Brushes teeth without help
			brusiles teeth without help
		☐ Yes ☐ No	Puts toys away
		If necessary, please exp	plain. In addition, please tell us anything else
			w about the child's habits and ability to take
		care of personal needs:	w about the office of habite and ability to take
		Care of personal fleeds.	
	I. Is the child's ability to	If " ves." or " not sure."	how long can the child pay attention to
	pay attention and stick	TV, music, reading alou	
	with a task limited?	l in the second second second	a e. 9aee.
	with a task iiiliteu?	☐ 15 minute	s 30 minutes
	☐ YES (Continue)	If necessary places over	Join In addition, places tell us anything also
			plain. In addition, please tell us anything else
		•	w about the child's ability to pay attention
	☐ NO (Go to 2.J.)	and stick with a task:	
	_ NOT SURE		
	└ (Continue)		
	(Continue)		

2.	J. Please tell us anything else about the child that you think we should know.
	SECTION 3 - REMARKS