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.

Privacy Act Statement Statement Attached

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 <u>www.socialsecurity.gov</u> 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 OR BRING 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, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

FUNCTION REPORT -CHILD AGE 3 TO 6th BIRTHDAY

S	SECTION 1 - IDENTIFYING INFORMAT	ΓΙΟΝ
A. Print NAME OF CHII FIRST	LD: MIDDLE	LAST
B. Child's SOCIAL SEC		
C. Child's DATE OF BI	RTH: Month/Day/Year	
D. PERSON COMPLET		
RELATIONSHIP TO CH	HILD:	
DATE FORM COMPLE	TED: Month/Day/Year	
DAYTIME TELEPHONE	E NUMBER (including Area Code) :	
MAILING ADDRESS (N	lumber and Street, Apt. No. (if any), P.C	D. Box, or Rural Route):
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)	\Box 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 ," 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 unable to talk?	Does the child have problems talking clearly?			
	☐ YES (Go to 2.D.)	\Box 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:			
		\Box Most of the time, or			
		\Box Some of the time, or			
		☐ Hardly ever.			
		Speech can be understood by people who don't know the child well:			
		\Box 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 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	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
			nink we sh	e explain. In addition, please tell us anything nould know about the child's ability to

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2.	E. Does the child's impairment(s) limit his or			" please tell us what the child does or can do no" for 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 (Continue)	🗌 Yes	🗌 No	Recite numbers to 10
	□ NO (Go to 2.F.)	🗌 Yes	🗌 No	Identify most colors, such as purple, and shapes, such as a star
	_ NOT SURE	🗌 Yes	🗌 No	Knows his or her age
	(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
		else you thir	nk we sho	explain. In addition, please tell us anything uld know about the child's progress in ing what he or she has learned:

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2.	F. Are the child's physical abilities 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	Catch a large ball, like a beach ball		
	\square NO (Go to 2.G.)	🗌 Yes	🗌 No	Ride a big wheel, tricycle, or bike with training wheels		
		🗌 Yes	🗌 No	Wind up a toy		
	└── (Continue)	🗌 Yes	🗌 No	Print at least some letters		
		🗌 Yes	🗌 No	Copy first name		
		🗌 Yes	🗌 No	Use scissors fairly well		
				se explain. In addition, please tell us anything should know about the child's physical		
	G. Does the child's impairment(s) affect his or	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:				
	her behavior with other people?	🗌 Yes	🗌 No	Enjoys being with other children the same age		
	☐ YES (Continue)	🗌 Yes	🗌 No	Shows affection towards other children		
	□ NO (Go to 2.H.)	🗌 Yes	🗌 No	Is affectionate towards parents		
		🗌 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)		
			think we	se explain. In addition, please tell us anything should know about the child's behavior around		

2.	 H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs? ☐ YES (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. Check "yes" if it is something the child used to do but doesn't do any more just because he or she is older. For example, if the child used to dress with help but now dresses without help, check "yes" for both.			
	□ NO (Go to 2.I.)	☐ Yes	🗌 No	Usually controls bowels and bladder during the day	
	□ NOT SURE (Continue)	□ Yes	□ No	Eats using a fork and spoon by self	
	(001111100)		🗌 No	Dresses self with help	
		🗌 Yes	🗌 No	Dresses self without help (except tying shoes)	
		🗌 Yes	🗌 No	Washes or bathes without help	
		🗌 Yes	🗌 No	Brushes teeth with help	
		🗌 Yes	🗌 No	Brushes teeth without help	
		🗌 Yes	🗌 No	Puts toys away	
		anything	l else you	se explain. In addition, please tell us think we should know about the child's to take care of personal needs:	
	I. Is the child's ability to pay attention and stick with a task limited? ☐ YES (Continue) ☐ NO (Go to 2.J.) ☐ NOT SURE (Continue)	TV, music If necess anything	e, reading ☐ 15 m sary, pleas else you	Ire," how long can the child pay attention to aloud or games? ninutes 30 minutes se explain. In addition, please tell us think we should know about the child's tion and stick with a task:	

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