# 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.

#### **Privacy Act Statement**

#### **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 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 6 TO 12th BIRTHDAY

	SECTION 1 - IDENTIFYING INFORMATION							
1. A. Print NAME OF CHILD:								
	FIRST	MIDDLE	LAST					
	B. Child's SOCIAL SECURITY NUN	/BER:						
	C. Child's DATE OF BIRTH:	Month/Day/Year						
		Month/Day/Teal	_					
	D. PERSON COMPLETING FORM							
	NAME:							
	RELATIONSHIP TO CHILD:							
	DATE FORM COMPLETED:	Month/Day/Year						
	DAYTIME TELEPHONE NUMBER (including Area Code):							
	MAILING ADDRESS (Number a	P.O. Box, or Rural Route):						
	CITY	STATE	ZIP CODE					

2.	A. Does the child have problems seeing?	If <b>"yes</b> ," 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,			
	NO (Go to 2.B.)	please 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 " <b>yes</b> ," please mark <u>every</u> statement below that is <u>generally</u> true about the child:			
	$\square$ 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.			

**SECTION 2 - FUNCTION DETAILS** 

2.	C. Is the child totally	Does the child have problems talking clearly?
unable to talk?		Yes (answer questions below)
		No (continue to question 2.D.)
	NO (Continue)	If " <b>yes</b> ," 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:
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2.	D. Is the child 's ability to communicate limited?	If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by 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	
	(Continue)	Yes	🗌 No	Tell jokes or riddles accurately	
		Yes	🗌 No	Explain why he or she did something	
		Yes	🗌 No	Uses sentences with "because," "what if," or "should have been"	
		Yes	No No	Talks with family	
		Yes	🗌 No	Talks with friends	
			else you	se explain. In addition, please tell us think we should know about the child's ability	

2.		If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by checking "yes" or "no" for each of the following:			
		🗌 Yes	🗌 No	Read capital letters of alphabet	
		🗌 Yes	🗌 No	Read capital letters and small letters	
	NOT SURE (Continue)	🗌 Yes	🗌 No	Read simple words	
	(00000000)	🗌 Yes	🗌 No	Read and understands simple sentences	
		☐ Yes	🗌 No	Read and understands stories in books or magazines	
		🗌 Yes	No 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	
			think we	se explain. In addition, please tell us anything should know about the child's ability to progress	

2.	F. Are the child's physical abilities limited?	If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by checking "yes" or "no" for each of the following:			
	YES (Continue)	Yes	🗌 No	Walk	
	☐ NO (Go to 2.G.)	☐ Yes	🗌 No	Run	
	NOT SURE (Continue)	Yes	🗌 No	Throw a ball	
		Yes	No No	Ride a bike	
		Yes	No No	Jump rope	
		Yes	No No	Use roller skates or roller blades	
		Yes	🗌 No	Swim	
		Yes	No No	Use scissors	
		Yes	No	Work video game controls	
		Yes	🗌 No	Dress/undress dolls or action figures	
				se explain. In addition, please tell us anything should know about the child's physical abilities:	

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2.	G. Does the child's impairment(s) affect his	If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by checking "yes" or "no" for each of the following:		
	or her behavior with other people?	Yes	No No	Has friends his or her own age
	YES (Continue)	Yes	No No	Can make new friends
	□ NO (Go to 2.H.)	Yes	🗌 No	Generally gets along with you or other adults
	NOT SURE (Continue)	Yes	No	Generally gets along with school teachers
		☐ Yes	🗌 No	Plays team sports (for example, baseball, basketball, soccer)
			think we	se explain. In addition, please tell us anything should know about the child's behavior with

2.	H. Does the child's impairment(s) affect his			<b>re</b> ," please tell us what the child does or can do or "no" for each of the following:
	or her ability to help himself or herself and	☐ Yes	_	Uses zipper by self
	cooperate with others in taking care of	🗌 Yes	🗌 No	Buttons clothes by self
	personal needs?	🗌 Yes	No	Ties shoelaces
	<ul><li>YES (Continue)</li><li>NO (Go to 2.I.)</li></ul>	🗌 Yes	No	Takes a bath or shower without help
		☐ Yes	No No	Brushes teeth
	(Continue)	Yes		Combs or brushes hair
		Yes	No No	Washes hair by self
		Yes	No	Chooses clothes by self
		Yes	No No	Eats by self using a knife, fork, and spoon
		Yes	No 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 No	Gets to school on time
		🗌 Yes	🗌 No	Accepts criticism or correction
		else you	think we	se explain. In addition, please tell us anything should know about the child's ability to help him perate with others in caring for personal needs:

2.	I. Is the child's ability to	If " <b>yes</b> ," or " <b>not sure</b> ," please tell us what the child does or can do by checking "yes" or "no" for each of the following:			
	pay attention and stick with a task limited?			-	
	YES (Continue)	Yes	No	Keeps busy on his/her own	
	NO (Go to 2.J.)	🗌 Yes	🗌 No	Finishes things he or she starts	
	☐ NOT SURE (Continue)	🗌 Yes	🗌 No	Works on arts and crafts projects (draws, paints, knits, does woodwork)	
	(Continue)	🗌 Yes	🗌 No	Completes homework	
		🗌 Yes	🗌 No	Completes chores most of the time	
		else you t	hink we s	e explain. In addition, please tell us anything should know about the child's ability to pay with a task:	
	J. Please tell us anything els	l se about th	e child th	at you think we should know.	
