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.

See Revised Privacy Act 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 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. 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 12 TO 18th BIRTHDAY

| | SECTION 1 - IDENTIFYING INFORMATION | | | | |
|----|---------------------------------------|-----------------------------|-------------------------------|--|--|
| 1. | A. Print NAME OF CHILD: | | | | |
| | FIRST | MIDDLE | LAST | | |
| | | | | | |
| | B. Child's SOCIAL SECURITY NUM | MBER: | | | |
| | C. Child's DATE OF BIRTH: | | | | |
| | | Month/Day/Year | | | |
| | | | | | |
| | D. PERSON COMPLETING FORM | | | | |
| | NAME: | | | | |
| | RELATIONSHIP TO CHILD: | | | | |
| | DATE FORM COMPLETED: | Month/Day/Year | | | |
| | DAYTIME TELEPHONE NUMBE | ER (including Area Code) | : | | |
| | MAILING ADDRESS (Number a | nd Street, Apt. No. (if any |), P.O. Box, or Rural Route): | | |
| | CITY | STATE | ZIP CODE | | |

SECTION 2 - FUNCTION DETAILS

| 2. | A. Does the child have problems seeing? YES (Continue) NO (Go to 2.B.) | If "yes," please mark every statement below that is generally true about the child: Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, 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? YES (Continue) NO (Go to 2.C.) | If "yes," please mark every statement below that is generally true about the child: 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. |

| 2. | C. Is the child totally unable to talk? | Does the child have problems talking clearly? |
|----|---|---|
| | ☐ 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? | If "yes," or "not sure," please mark every statement below that is true about the child: |
|----|---|--|
| | ☐ YES (Continue) | ☐ Goes to school full-time ☐ Works part-time |
| | ☐ NO (Go to 2.E.) | ☐ Goes to school part-time ☐ Works full-time |
| | ☐ NOT SURE (Continue) | Other. Describe: |
| | | If necessary, please explain. In addition, please tell us anything else you think we should know about the child's daily activities: |
| | | |
| | 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.) ☐ NOT SURE | Yes No Deliver phone messages |
| | (Continue) | ☐ Yes ☐ No Repeat stories he or she has heard |
| | | 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 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: |
| | | |
| | | |
| | | |
| | 1 | |

| 2. | F. Is there any limitation in the child's progress in understanding and using | If " yes ," or " not do by checking | | - | | | nild does or can owing: |
|----|---|--|------|----------------------|------------|------------|----------------------------|
| | what he or she has learned? | Yes | No | Read and and cartoo | | and sent | ences in comics |
| | ☐ YES (Continue) ☐ NO (Go to 2.G.) | ☐ Yes ☐ | No | Read and magazine | | | es in books, |
| | | ☐ Yes ☐ | No | Spell word | ds of moi | re than 4 | letters |
| | (Continue) | ☐ Yes ☐ | No | Tell time | | | |
| | | ☐ Yes ☐ | No | Add and s | subtract r | numbers | over 10 |
| | | ☐ Yes ☐ | No | Multiply a | nd divide | number | s over 10 |
| | | ☐ Yes ☐ | No | Understar change | nds mone | ey - can ı | make correct |
| | | ☐ Yes ☐ | No | Understar simple ins | - | | remember |
| | | If necessary, pleelse you think wounderstanding a | e sł | nould know | about th | ne child's | |
| | | | | | | | |
| | | | | | | | |
| | G. Are the child's physical abilities limited? | If "yes," or "not do by checking | | • | | | nild does or can owing: |
| | ☐ YES (Continue) | ☐ Yes ☐ I | No | Walk | Yes | ☐ No | Ride a bike |
| | □ NO (Go to 2.H.) | Yes I | No | Run | Yes | ☐ No | Throw a ball |
| | ☐ NOT SURE (Continue) | ☐ Yes ☐ I | No | Dance | Yes | ☐ No | Jump rope |
| | | Yes I | No | Swim | Yes | ☐ No | Play sports |
| | | Yes I | | Drive a car | Yes | ☐ No | Work video games controls |
| | | If necessary, pleelse you think wabilities: | | • | | • | tell us anything physical |
| | | | | | | | |
| | | | | | | | |

| 2. | H. Does the child's impairment(s) affect his or her social activities or | | | e ," please tell us what the child does or can s " 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 (Continue) | ☐ Yes | ☐ No | Generally gets along all right with brothers and sisters |
| | | ☐ Yes | ☐ No | Generally gets along with school teachers |
| | | ☐ Yes | ☐ No | Plays team sports (for example, baseball, basketball, soccer) |
| | | | nink we st | e explain, In addition, please tell us anything nould know about the child's behavior around |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 2. | I. Is the child's ability to take care of his or her personal | | | e ," please tell us what the child does or can s" or " no " for each of the following: |
|----|---|-------------|------------|---|
| | needs and safety limited? ☐ YES (Continue) | Yes | ☐ No | Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.) |
| | | ☐ Yes | ☐ No | Washes and puts away his or her clothes |
| | ☐ NOT SURE (Continue) | ☐ 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 | Can cook a meal for self |
| | | ☐ 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 th | nink we sl | e explain. In addition, please tell us anything nould know about the child's ability to take ersonal needs and safety: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| J. Is the child's ability to pay attention and stick with a task 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 Works on arts and crafts projects (draws, paints, knits, does woodwork) |
| ☐ NO (Go to 2.K.) ☐ NOT SURE | ☐ Yes ☐ No Keeps busy on his or her own |
| (Continue) | Yes No Finishes things he or she starts |
| | Yes No Completes homework |
| | Yes No Completes homework on time |
| | Yes No Completes 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. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |