Function Report - Child Birth to 1st 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.

Continued on the Reverse →

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 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 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.***

Form Approved
OMB No. 0960-0542

FUNCTION REPORT - CHILD
BIRTH TO 1st BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print **NAME OF CHILD:**

FIRST ______________________

MIDDLE ______________________

LAST ______________________

B. Child's **SOCIAL SECURITY NUMBER:**

____

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 NUMBER *(including Area Code)*:

____

MAILING ADDRESS *(Number and 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). Explain:
- ☐ Child has other hearing problems. If so, please describe:

2. C. Are the child's activities or abilities limited?

- [ ] YES (Continue) →
- [ ] NO (Go to 2.D.)
- [ ] NOT SURE (Continue) →

If "**yes**," or "**not sure**," please tell us what the child does by marking "yes" or "no" for each of the following:

Yes	No	
☐ **Yes**	☐ **No**	Makes various cooing sounds, such as "aaah" and "oooh"
☐ **Yes**	☐ **No**	Makes various babbling sounds, such as "babababa" or "mamamama"
☐ **Yes**	☐ **No**	Says simple words other than "mama" and "dada"

Child generally

Yes	No	
☐ **Yes**	☐ **No**	Stops crying when picked up and held
☐ **Yes**	☐ **No**	Watches face of person talking to him or her
☐ **Yes**	☐ **No**	Pats, "talks to" or otherwise responds to himself or herself in mirror
☐ **Yes**	☐ **No**	Plays games, such as "peek-a-boo"
☐ **Yes**	☐ **No**	Understands simple statements like "come here" or "sit down"
☐ **Yes**	☐ **No**	Points to something he or she wants that is out of reach, such as a toy or food
☐ **Yes**	☐ **No**	Understands names of favorite toys or other things, such as a bottle
☐ **Yes**	☐ **No**	Turns head in direction of familiar noises or voices
☐ **Yes**	☐ **No**	Turns head when his or her name is called
☐ **Yes**	☐ **No**	Smiles at faces he or she knows
☐ **Yes**	☐ **No**	Quiets or stops crying when sees parent or other person he or she knows
☐ **Yes**	☐ **No**	Cuddles in arms when held by parent or caregiver
☐ **Yes**	☐ **No**	Reaches out to be picked up

2.	C. (Continued)	**Child can**
		☐ **Yes** ☐ **No** Roll from stomach to back
		☐ **Yes** ☐ **No** Roll from back to stomach
		☐ **Yes** ☐ **No** Get to a sitting position without help
		☐ **Yes** ☐ **No** Rock back and forth on hands and knees
		☐ **Yes** ☐ **No** Crawl or creep
		☐ **Yes** ☐ **No** Pull self up to a standing position
		☐ **Yes** ☐ **No** Reach for toys, or other objects
		☐ **Yes** ☐ **No** Stand up without holding on to someone or something
		☐ **Yes** ☐ **No** Walk holding on to someone or something
		☐ **Yes** ☐ **No** Eat foods, such as cereal, cookie, by self
		☐ **Yes** ☐ **No** Move toy or other object from hand-to-hand
		☐ **Yes** ☐ **No** Hold small objects between fingers
		☐ **Yes** ☐ **No** Throw ball or other object

D. If necessary, please explain any of the items in Question 2.C. In addition, please tell us anything else about the child that you think we should know:

SECTION 3 - REMARKS