Your Information

Overall Progress: 0%

Let's work on this form together

You have selected the **Function Report - Adult - Third Party (SSA-3380-BK)**. This form asks what you know about the disabled person's daily activities and how the person's illnesses, injuries, or conditions limit their ability to work.

The information you provide will be used to make a decision on the disabled person's claim. Please complete as much of the form as you can.

If you need help with this form, complete as much as of it as you can and call the phone number provided on the letter sent with the form, or contact the person who asked you to complete the form. If you need the address or phone number for the office that provided the form, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

Important: Do not leave answers blank. If you do not know the answer, or the answer is "none" or "does not apply," please write "don't know," "none," or "does not apply." Do not ask a doctor or hospital to complete this form.

Please confirm if these details are correct.

If you need to update any of the information below, please contact us.

Your Name
[redacted]

Email Address
[redacted]

Mailing Address
[redacted]

View Information

Estimated Time
61 minutes to complete

Secure
Your information is protected

Privacy Act Statement — Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631 of the Social Security Act, as amended, allow us to collect this information, which we will use to determine eligibility for benefits. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any disability claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089 and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

Get Started

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OMB No. 0960-0830

OMB No. 0960-0635

FAQ

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General Information

Overall Progress: 7%

Is this the beneficiary's information correct?

We found some information on file for the beneficiary. Take a quick look below - if everything looks right, just select Next.

Please review the following details. Is this information accurate?

Name of Disabled Person

[redacted]

Name of Person Completing the Form

[redacted]

Date (MM/DD/YYYY)

[redacted]

What is your daytime telephone number?

[redacted]

Edit Information

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FAQ

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General Information

Overall Progress: 7%

Items marked with a red asterisk (*) are required.

Name of Disabled Person

We have this information on file. If you need to update it, please contact us.

[redacted]

Name of Person Completing the Form

We have this information on file. If you need to update it, please contact us.

[redacted]

*What is your relationship to the disabled person?

Date (MM/DD/YYYY)

We have this information on file. If you need to update it, please contact us.

[redacted]

*What is your daytime telephone number?

If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.

[redacted]

*Does this telephone number belong to you?

- Yes
- No

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*How long have you known the disabled person?

*How much time do you spend with the disabled person and what do you do together?

*Where does the disabled person live?

- House
- Apartment
- Boarding House
- Nursing Home
- Shelter
- Group Home
- Other
- Don't Know

*Who does the disabled person live with?

- Alone
- With Family
- With Friends
- Other
- Don't Know

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OMB No. 0960-0830

OMB No. 0960-0635

FAQ

Illnesses, Injuries, or Conditions

Overall Progress: 15%

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*How do the disabled person's illnesses, injuries, or conditions limit their ability to work?

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FAQ

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Daily Activities & Personal Care

Overall Progress: 16%

1 2 3 4

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

***From the time the disabled person wakes up until the time they go to bed, what does the disabled person do during a typical day?**

***Does the disabled person take care of anyone else such as a wife, husband, children, grandchildren, parents, friend, or other?**

- ◯ Yes
- ◯ No
- ◯ Don't Know

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OMB No. 0960-0830

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FAQ

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Daily Activities & Personal Care

Overall Progress: 19%

1 2 3 4

Items marked with a red asterisk (*) are required.

*Does anyone help the disabled person care for other people or animals?

- Yes
- No
- Don't Know

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OMB No. 0960-0830

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FAQ

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Daily Activities & Personal Care

Overall Progress: 21%

1 2 3 4

Items marked with a red asterisk (*) are required.

*Does the disabled person have any problems with personal care?

Personal care includes activities such as dressing, bathing, caring for hair, shaving, feeding self, using the toilet, and other personal care activities.

- Yes
- No
- Don't Know

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FAQ

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Daily Activities & Personal Care

Overall Progress: 22%

1 2 3 4

Items marked with a red asterisk (*) are required.

* Does the disabled person need any special reminders to take care of personal needs and grooming?

- Yes
- No
- Don't Know

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FAQ

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Meals, Household & Getting Around

Overall Progress: 37%

1 2 3

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*Does the disabled person prepare their own meals?

- Yes
- No
- Don't Know

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FAQ

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Meals, Household & Getting Around

Overall Progress: 41%

1 2 3

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*Does the disabled person do any house or yard work?

- Yes
- No
- Don't Know

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FAQ

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Meals, Household & Getting Around

Overall Progress: 44%

1 2 3

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*Does the disabled person need help or encouragement doing these chores?

- Yes
- No
- Don't Know

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FAQ

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Meals, Household & Getting Around

Overall Progress: 46%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

*When going out, how does the disabled person travel?

Select all that apply.

- [ ] Walk
- [ ] Drive a car
- [ ] Ride in a car
- [ ] Ride a bicycle
- [ ] Use public transportation
- [ ] Other

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FAQ

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Meals, Household & Getting Around

Overall Progress: 49%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

*Does the disabled person drive?

- Yes
- No
- Don't Know

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FAQ

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Shopping, Money, Hobbies & Social Activities

Overall Progress: 55%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*If the disabled person does any shopping, how do they shop?

Select all that apply.

- [ ] In stores
- [ ] By phone
- [ ] By mail
- [ ] By computer
- [ ] Don't Know

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FAQ

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Shopping, Money, Hobbies & Social Activities

Overall Progress: 58%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

*Is the disabled person able to count change?

- Yes
- No
- Don't Know

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FAQ

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Shopping, Money, Hobbies & Social Activities

Overall Progress: 61%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

***What are the disabled person's hobbies and interests?**

For example, reading, watching TV, sewing, playing sports, etc.

***How often and how well does the disabled person do these things?**

***What changes, if any, have occurred in these activities since the illnesses, injuries, or conditions began?**

***How does the disabled person spend time with others?**

Select all that apply.

- [ ] In person
- [ ] On the phone
- [ ] Email
- [ ] Texting
- [ ] Mail
- [ ] Video Chat
- [ ] Other
- [ ] Don't Know

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OMB No. 0960-0635

FAQ

Shopping, Money, Hobbies & Social Activities

Overall Progress: 64%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

***What places does the disabled person go to on a regular basis?**

For example, church, community center, sports events, social groups, etc.

***Does the disabled person need to be reminded to go places?**

- Yes
- No
- Don't Know

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OMB No. 0960-0830

OMB No. 0960-0635

FAQ

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Shopping, Money, Hobbies & Social Activities

Overall Progress: 67%

1 2 3 4 5

Items marked with a red asterisk (*) are required.

*Does the disabled person need someone to accompany them?

- Yes
- No
- Don't Know

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OMB No. 0960-0830

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FAQ

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Information About Abilities

Overall Progress: 77%

1 2 3 4

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*Which of the following are affected by the disabled person's illnesses, injuries, or conditions?

Select all that apply.

- [ ] Lifting
- [ ] Walking
- [ ] Stair Climbing
- [ ] Understanding
- [ ] Squatting
- [ ] Sitting
- [ ] Seeing
- [ ] Following Instructions
- [ ] Bending
- [ ] Kneeling
- [ ] Memory
- [ ] Using Hands
- [ ] Standing
- [ ] Talking
- [ ] Completing Tasks
- [ ] Getting Along with Others
- [ ] Reaching
- [ ] Hearing
- [ ] Concentration
- [ ] Don't Know

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FAQ

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Information About Abilities

Overall Progress: 80%

1 2 3 4

Items marked with a red asterisk (*) are required.

*For how long can the disabled person pay attention?

*Does the disabled person finish what they start?

For example, a conversation, chores, reading, or watching a movie.

- Yes
- No
- Don't Know

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OMB No. 0960-0830

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FAQ

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Information About Abilities

Overall Progress: 85%

1 2 3 4

Items marked with a red asterisk (*) are required.

*Has the disabled person ever been fired or laid off from a job because of problems getting along with other people?

- Yes
- No
- Don't Know

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FAQ

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Information About Abilities

Overall Progress: 88%

1 2 3 4

Items marked with a red asterisk (*) are required.

*Have you noticed any unusual behavior or fears in the disabled person?

- Yes
- No

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FAQ

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Assistive Devices & Medications

Overall Progress: 92%

1 2

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*Does the disabled person use any of the following?

Select all that apply.

- [ ] Crutches
- [ ] Cane
- [ ] Hearing Aid
- [ ] Walker
- [ ] Brace/Splint
- [ ] Glasses/Contact Lenses
- [ ] Wheelchair
- [ ] Artificial Limb
- [ ] Artificial Voice Box
- [ ] Other
- [ ] Don't Know

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FAQ

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Assistive Devices & Medications

Overall Progress: 92%

1 2

Items marked with a red asterisk (*) are required.

If you're not sure about an answer, or if it doesn't apply, just write "don't know," "none," or "does not apply."

*Does the disabled person use any of the following?

Select all that apply.

- [ ] Crutches
- [ ] Cane
- [ ] Hearing Aid
- [ ] Walker
- [ ] Brace/Splint
- [ ] Glasses/Contact Lenses
- [ ] Wheelchair
- [ ] Artificial Limb
- [ ] Artificial Voice Box
- [ ] Other
- [ ] Don't Know

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FAQ

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Assistive Devices & Medications

Overall Progress: 96%

1 2

Items marked with a red asterisk (*) are required.

*Does the disabled person currently take any medicines for their illnesses, injuries, or conditions?

Yes No Don't Know

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FAQ

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Remarks

Overall Progress: 98%

Please enter any remarks below.

Use this section for any additional information you did not mention in earlier parts of this form.

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FAQ

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Additional Evidence

Overall Progress: 98%

Additional Evidence

Upload any supporting documents, medical records, or other evidence that may help with your submission.

File tips

Drag and drop your files here, or **click to browse**

PDF, JPG, DOC, GIF, BMP, TIFF, XLS and more · Max 25 MB per file · Up to 50 files (50 remaining)

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Review and Submit

Overall Progress: 99%

Review Your Submission

Please review all information, including the form preview, to verify that you have entered the correct details before submitting.

Your Information

Edit

Your Name
[redacted]

Email Address
[redacted]

What is your mailing address?
[redacted]

General Information

Edit

Name of Disabled Person
[redacted]

Name of Person Completing the Form
[redacted]

What is your relationship to the disabled person?
x

Date (MM/DD/YYYY)
[redacted]

What is your daytime telephone number?
[redacted]

Does this telephone number belong to you?
Yes

How long have you known the disabled person?
x

How much time do you spend with the disabled person and what do you do together?
x

Where does the disabled person live?
House

Who does the disabled person live with?
With Family

Illnesses, Injuries, or Conditions

Edit

How do the disabled person's illnesses, injuries, or conditions limit their ability to work?

x

Daily Activities & Personal Care

Edit

From the time the disabled person wakes up until the time they go to bed, what does the disabled person do during a typical day?

x

Does the disabled person take care of anyone else such as a wife, husband, children, grandchildren, parents, friend, or other?

Don't Know

Does the disabled person take care of pets or other animals?

Don't Know

Does anyone help the disabled person care for other people or animals?

No

What was the disabled person able to do before their illnesses, injuries, or conditions that they can't do now?

x

Do the illnesses, injuries, or conditions affect the disabled person's sleep?

No

Does the disabled person have any problems with personal care?

No

Does the disabled person need any special reminders to take care of personal needs and grooming?

No

Does the disabled person need help or reminders taking medicine?

No

Meals, Household & Getting Around

Edit

Does the disabled person prepare their own meals?

Yes

What kind of food does the disabled person prepare?

x

How often does the disabled person prepare food or meals?

x

How long does it take the disabled person to prepare food or meals?

x

Have there been any changes in the disabled person's cooking habits since the illnesses, injuries, or conditions began?

x

Does the disabled person do any house or yard work?

Yes

What household chores, both indoors and outdoors, is the disabled person able to do?

x

How much time do chores take, and how often does the disabled person do each of these things?

x

Does the disabled person need help or encouragement doing these chores?

No

Does the disabled person go outside?

Yes

How often does the disabled person go outside?

x

When going out, how does the disabled person travel?

Other

Please explain the disabled person's other travel method.

x

Can the disabled person go out alone?

Yes

Does the disabled person drive?

No

Why doesn't the disabled person drive?

x

Shopping, Money, Hobbies & Social Activities

Edit

If the disabled person does any shopping, how do they shop?

Don't Know

Is the disabled person able to pay bills?

Don't Know

Is the disabled person able to handle a savings account?

Don't Know

Is the disabled person able to count change?

Don't Know

Is the disabled person able to use a checkbook or money orders?

Don't Know

Has the disabled person's ability to handle money changed since the illnesses, injuries, or conditions began?

Don't Know

What are the disabled person's hobbies and interests?

x

How often and how well does the disabled person do these things?

x

What changes, if any, have occurred in these activities since the illnesses, injuries, or conditions began?

x

How does the disabled person spend time with others?

Don't Know

What places does the disabled person go to on a regular basis?

x

Does the disabled person need to be reminded to go places?

Don't Know

How often does the disabled person go and how much do they take part?

x

Does the disabled person need someone to accompany them?

Don't Know

Does the disabled person have any problems getting along with family, friends, neighbors, or others?

Don't Know

What changes, if any, have there been in the disabled person's social activities since the illnesses, injuries, or conditions began?

x

Information About Abilities

Edit

Which of the following are affected by the disabled person's illnesses, injuries, or conditions?

Don't Know

Is the disabled person right-handed or left-handed?

Don't Know

How far can the disabled person walk before needing to stop and rest?

x

If the disabled person has to rest, how long before they can resume walking?

x

For how long can the disabled person pay attention?

x

Does the disabled person finish what they start?

Don't Know

How well does the disabled person follow written instructions?

x

How well does the disabled person follow spoken instructions?

x

How well does the disabled person get along with authority figures?

x

Has the disabled person ever been fired or laid off from a job because of problems getting along with other people?

Don't Know

How well does the disabled person handle stress?

x

How well does the disabled person handle changes in routine?

x

Have you noticed any unusual behavior or fears in the disabled person?

No

Assistive Devices & Medications

Edit

Does the disabled person use any of the following?

Other

Please explain what other assistive devices the disabled person uses.

x

Which of these were prescribed by a doctor?

x

When was it prescribed?

x

When does the disabled person need to use these aids?

x

Does the disabled person currently take any medicines for their illnesses, injuries, or conditions?

Don't Know

Remarks

Edit

Please enter any remarks below.

x

Additional Evidence

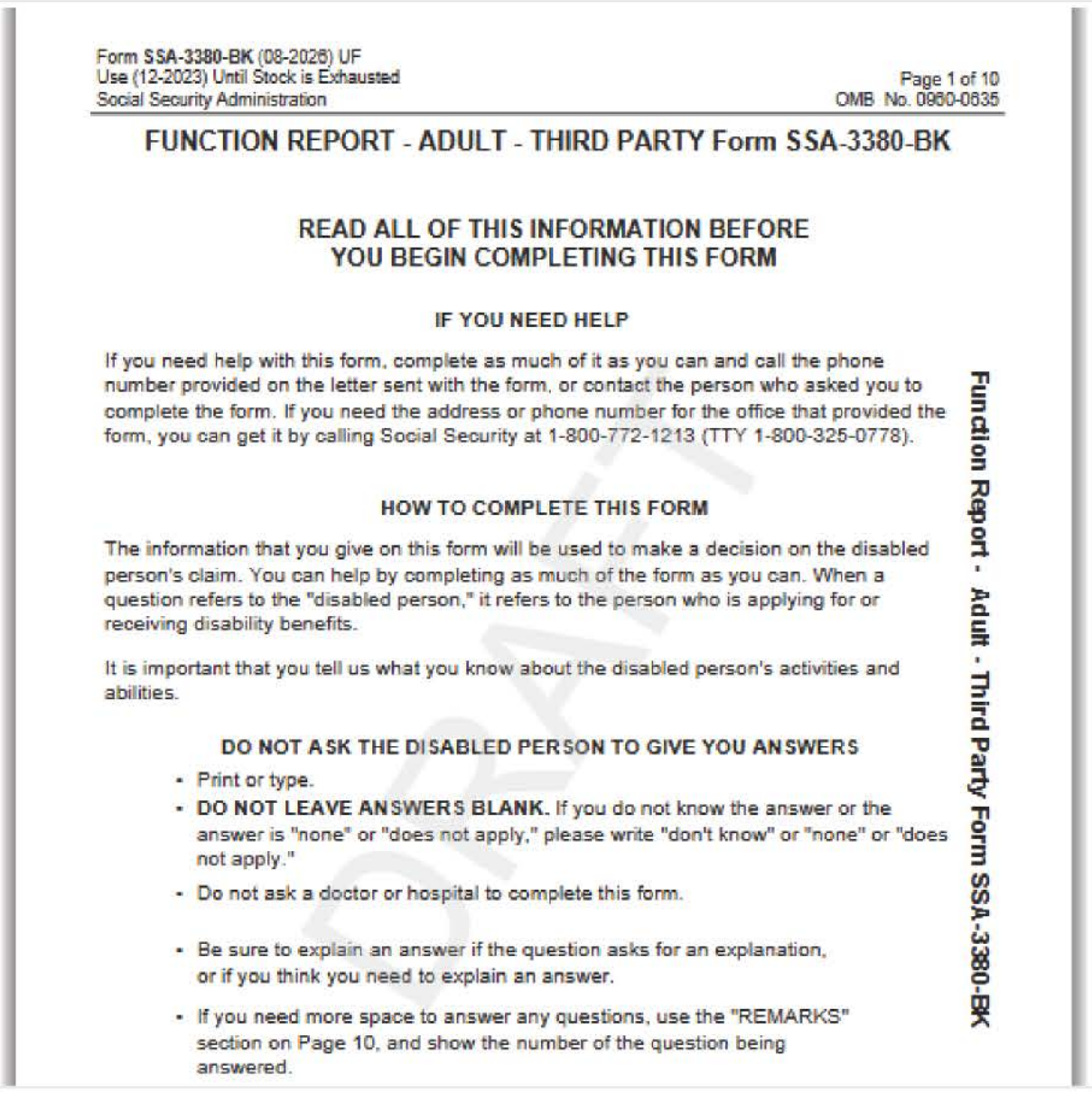
Edit

Looks like you haven't uploaded any supporting documents. That's okay - if you don't have anything to add, you're all set! If you do have documents you'd like to include, click **Edit** above to upload them before submitting.

Document Preview

Expand

SSA-3380-BK Function Report - Adult - Third Party.pdf



Form SSA-3380-BK (08-2026) UF
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Social Security Administration

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FUNCTION REPORT - ADULT - THIRD PARTY Form SSA-3380-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can and call the phone number provided on the letter sent with the form, or contact the person who asked you to complete the form. If you need the address or phone number for the office that provided the form, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

HOW TO COMPLETE THIS FORM

The information that you give on this form will be used to make a decision on the disabled person's claim. You can help by completing as much of the form as you can. When a question refers to the "disabled person," it refers to the person who is applying for or receiving disability benefits.

It is important that you tell us what you know about the disabled person's activities and abilities.

DO NOT ASK THE DISABLED PERSON TO GIVE YOU ANSWERS

- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If you need more space to answer any questions, use the "REMARKS" section on Page 10, and show the number of the question being answered.

Function Report - Adult - Third Party Form SSA-3380-BK

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OMB No. 0960-0830

OMB No. 0960-0635

FAQ

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Upload Documents Confirmation

Overall Progress: 100%

A document has been successfully submitted.

Document(s) submitted for the Function Report - Adult - Third Party (SSA-3380-BK):

SSA-3380-BK Function Report - Adult - Third Party Form.pdf

- Save the information on this page for your records. The document(s) will not be available after you navigate away from this page.
- All submitted documents are converted to a PDF file format.
- We will contact you if additional information is needed.
- You will receive a confirmation receipt in your Message Center inbox. Message delivery timeframe may vary.

Print this Page

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FAQ

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