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.

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 12 TO 18th BIRTHDAY

	SECTION	1 - IDENTIFYING INFORM	ATION
1.	A. Print NAME OF CHILD:		
	FIRST	MIDDLE	LAST
	B. Child's SOCIAL SECURITY N	IUMBER:	
	C. Child's DATE OF BIRTH:	Month/Day/Year	
	D. PERSON COMPLETING FOR	RM	
	NAME:		
	RELATIONSHIP TO CHILD:		
	DATE FORM COMPLETED:	Month/Day/Year	
	DAYTIME TELEPHONE NUM	IBER (including Area Code):	
	MAILING ADDRESS (Numbe	r and Street, Apt. No. (if any)	, P.O. Box, or Rural Route):
	CITY	STATE	ZIP CODE

	SECTION 2 - FUNCTION DETAILS
A. Does the child have problems seeing? YES (Continue) NO (Go to 2.B.)	If "yes ," please mark <u>every</u> statement below that is <u>generally</u> 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 <u>every</u> statement below that is <u>generally</u> 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.
	A. Does the child have problems seeing? YES (Continue) NO (Go to 2.B.) B. Does the child have problems hearing? YES (Continue)

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:	

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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) NO (Go to 2.F.) NOT SURE 	Yes No Answer the telephone and make telephone calls				
		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:				

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2.	Is there any limitation in the child's progress in understanding and using	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:			
	what he or she has learned?	☐ Yes	No No	Read and understand sentences in comics and cartoons	
	☐ YES (Continue) ☐ NO (Go to 2.G.)	☐ Yes	No No	Read and understand stories in books, magazines, or newspapers	
		Yes	No	Spell words of more than 4 letters	
	(Continue)	Yes	No	Tell time	
		☐ Yes	No No	Add and subtract numbers over 10	
		Yes	No	Multiply and divide numbers over 10	
		☐ Yes	No No	Understands money - can make correct change	
		☐ Yes	No No	Understand, carry out, and remember simple instructions	
		else you th	nink we sl	e explain. In addition, please tell us anything hould know about the child's progress in using what he or she has learned:	
	G. Are the child's physical abilities limited?			re ," please tell us what the child does or can s " or " no " for each of the following:	
	YES (Continue)	Yes	No	Walk Yes No Ride a bike	
	NO (Go to 2.H.)	🗌 Yes	No	Run 🔄 Yes 🔄 No Throw a ball	
	NOT SURE (Continue)	☐ Yes	No	Dance 🗌 Yes 🗌 No Jump rope	
		Yes	No	Swim 🗌 Yes 🗌 No Play sports	
		Yes	No No	Drive a Yes No Work video games controls	
				e explain. In addition, please tell us anything nould know about the child's 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	Yes	No	Has friends his or her own age
	people?	☐ Yes	No No	Can make new friends
	□ NO (Go to 2.1.)	☐ Yes	No No	Generally gets along with you or other adults
	NOT SURE (Continue)	☐ Yes	No 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 sh	e explain, In addition, please tell us anything nould know about the child's behavior around
		I		

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	□ No	Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.)
	NO (Go to 2.J.)	🗌 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 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
		C 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 sł	e explain. In addition, please tell us anything nould know about the child's ability to take ersonal needs and safety:

2.	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	e about the child that you think we should know.

SECTION 3 - REMARKS