

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.
- When we ask for certain numbers, such as dates and telephone numbers, we provide blocks to fill in. In these places, please print only one number in each block. For numbers under 10, put a zero in the first block for the month and/or day, as appropriate. Make entries like this:

Month	Day	Year
0	5	9
	2	4

- 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.

ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

**PLEASE REMOVE THIS SHEET BEFORE
RETURNING THE COMPLETED FORM.**

The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631 (e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Time It Takes To Complete This Form

We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Building, Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**

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, 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 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 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

- | | | | | |
|--------------------------|------------|--------------------------|-----------|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Roll from stomach to back |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Roll from back to stomach |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Get to a sitting position without help |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Rock back and forth on hands and knees |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Crawl or creep |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Pull self up to a standing position |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Reach for toys, or other objects |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Stand up without holding on to someone or something |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Walk holding on to someone or something |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Eat foods, such as cereal, cookie, by self |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Move toy or other object from hand-to-hand |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Hold small objects between fingers |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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
