

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	2 7	9 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, 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?

YES (Go to 2.D.)

NO (Continue) 

Does the child have problems talking (for example, saying simple words)?

Yes (answer questions below)

No (continue to question 2.D.)

If "yes," please mark every statement below that is generally true about the child:

Says simple words like "he," "bottle," "doggy"

Uses two-word phrases, such as "mommy go" or "push toy"

Uses short sentences of 4 or more words, such as "Can I go out?"

Has a vocabulary of at least 50 words

For each of the two statements below, mark the block that best describes the child, and then describe any other speech problems:

The child's speech can be understood by people who know the child well:

Most of the time, or

Some of the time, or

Hardly ever.

The child's 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. E. Are the child's physical abilities limited?

YES (Continue) ➡

NO (Go to 2.F.)

NOT SURE
(Continue) ➡

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. Check "yes" if it is something the child used to do but doesn't do any more just because he or she is older. For example, if the child used to stand with help, and can now stand without help, check "yes" for both.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Crawl |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stand with help |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stand without help |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk holding on to someone or something |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk without holding on |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Climb onto furniture |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Throw a ball or other object |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dance or jump up and down |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk up and down steps by self |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Run, but may fall down sometimes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Run without falling |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stack small blocks 2 high |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stack small blocks 4 high |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stack small blocks 6 high |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Push and pull small toys |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scribble with a crayon or pencil |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hold crayon or pencil with thumb and fingers, not fist |

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's physical abilities:

2. F. Does the child's impairment(s) affect his or her behavior with other people?

YES (Continue) ➡

NO (Go to 2.G.)

NOT SURE (Continue) ➡

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 No Is affectionate towards parents
- Yes No Says "no" a lot
- Yes No Plays next to other children but not with them
- Yes No Plays "catch" or other simple games with other children

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's behavior around other people:

G. Is the child's ability to help take care of his or her personal needs limited?

YES (Continue) ➡

NO (Go to 2.H.)

NOT SURE (Continue) ➡

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 No Cooperates in getting dressed
- Yes No Cooperates in brushing teeth
- Yes No Drinks from a cup or glass without help
- Yes No Feeds self with spoon
- Yes No Can undress by self

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to help take care of his or her personal needs:

H. Please tell us anything else about the child that you think we should know:
