

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.**

**FUNCTION REPORT - CHILD
AGE 3 TO 6th BIRTHDAY**

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print NAME OF CHILD:

FIRST	MIDDLE INITIAL	LAST
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B. Child's SOCIAL SECURITY NUMBER:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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C. Child's DATE OF BIRTH:

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

D. PERSON COMPLETING FORM

NAME:

RELATIONSHIP TO CHILD:

DATE FORM COMPLETED:

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

DAYTIME TELEPHONE NUMBER:

Area Code	Number
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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).

Child has other hearing problems. If so, please describe:

Child uses American Sign Language.

Child reads lips.

2.

D. Is the child's ability to communicate limited?

YES (Continue) ➡

NO (Go to 2.E.)

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 Asks a lot of what, why, and where questions

Yes No Uses complete sentences of more than 4 words most of the time

Yes No Talks about what he or she is doing

Yes No Takes part in conversations with other children

Yes No Asks for what he or she wants

Yes No Tells about things and activities that happened in the past

Yes No Can tell a made up or familiar short story

Yes No Can answer questions about a short read-aloud children's story or TV story like "Little Red Ridinghood"

Yes No Can deliver simple messages such as telephone messages

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

2. E. Does the child's impairment(s) limit his or her progress in understanding and using what he or she has learned?

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:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Recite numbers to 3 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Count three objects (like blocks, cars or dolls) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Recite numbers to 10 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Identify most colors, such as purple, and shapes, such as a star |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Knows his or her age |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asks what words mean |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Knows his or her birthday |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Knows his or her telephone number |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can define common words |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can read capital letters of the alphabet |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Understands a joke |

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's progress in understanding and using what he or she has learned:

2. F. Are the child's physical abilities limited?

- 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 Catch a large ball, like a beach ball
- Yes No Ride a big wheel, tricycle, or bike with training wheels
- Yes No Wind up a toy
- Yes No Print at least some letters
- Yes No Copy first name
- Yes No Use scissors fairly well

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

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

- 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 Enjoys being with other children the same age
- Yes No Shows affection towards other children
- Yes No Is affectionate towards parents
- Yes No Shares toys
- Yes No Takes turns
- Yes No Plays "pretend" with other children
- Yes No Plays games like tag, hide-and-seek
- Yes No Plays board games (like checkers or Candyland)

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

2. H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs?

YES (Continue) ➡

NO (Go to 2.I.)

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 anymore just because he or she is older. For example, if the child used to dress with help but now dresses without help, check "yes" for both.

Yes No Usually controls bowels and bladder during the day

Yes No Eats using a fork and spoon by self

Yes No Dresses self with help

Yes No Dresses self without help (except tying shoes)

Yes No Washes or bathes without help

Yes No Brushes teeth with help

Yes No Brushes teeth without help

Yes No Puts toys away

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

I. Is the child's ability to pay attention and stick with a task limited?

YES (Continue) ➡

NO (Go to 2.J.)

NOT SURE (Continue) ➡

If "yes," or "not sure," how long can the child pay attention to TV, music, reading aloud or games?

15 minutes 30 minutes

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:
