

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 MIGHT 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

<p>2. A. Does the child have problems seeing?</p> <p><input type="checkbox"/> YES (Continue) ➔</p> <p><input type="checkbox"/> NO (Go to 2.B.)</p>	<p>If "yes," please mark <u>every</u> statement below that is <u>generally</u> true about the child:</p> <p><input type="checkbox"/> Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Child cannot be fitted for glasses or contact lenses. Explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Child has other seeing problems. If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>B. Does the child have problems hearing?</p> <p><input type="checkbox"/> YES (Continue) ➔</p> <p><input type="checkbox"/> NO (Go to 2.C.)</p>	<p>If "yes," please mark <u>every</u> statement below that is <u>generally</u> true about the child:</p> <p><input type="checkbox"/> 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:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Child cannot be fitted for hearing aid(s).</p> <p><input type="checkbox"/> Child has other hearing problems. If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Child uses American Sign Language.</p> <p><input type="checkbox"/> Child reads lips.</p>

2.

D. Are the child's daily activities limited?

YES (Continue) ➡

NO (Go to 2.E.)

NOT SURE (Continue) ➡

If "yes," or "not sure," please mark every statement below that is true about the child:

Goes to school full-time Works part-time

Goes to school part-time Works full-time

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?

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:

Yes No Answer the telephone and make telephone calls

Yes No Deliver phone messages

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 Asks 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:

2. F. Is there any limitation in the child's progress in understanding and using what he or she has learned?

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 Read and understand sentences in comics and cartoons

Yes No Read and understand stories in books, magazines, or newspapers

Yes No Spell words of more than 4 letters

Yes No Tell time

Yes No Add and subtract numbers over 10

Yes No Multiply and divide numbers over 10

Yes No Understands money - can make correct change

Yes No Understand, carry out, and remember simple instructions

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:

G. Are the child's physical abilities 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 Walk Yes No Ride a bike

Yes No Run Yes No Throw a ball

Yes No Dance Yes No Jump rope

Yes No Swim Yes No Play sports

Yes No Drive a car Yes No Work video game controls

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

2. I. Is the child's ability to take care of his or her personal needs and safety limited?

YES (Continue) ➡

NO (Go to 2.J.)

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 | Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Washes and puts away his or her clothes |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can cook a meal for self |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Gets to school on time |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Studies and does homework |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Takes needed medication |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Can use public transportation by himself / herself |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Accepts criticism or correction |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Keeps out of trouble |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Obeys rules |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Avoids accidents |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Asks for help when needed |

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

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

YES (Continue) ➡

NO (Go to 2.K.)

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 Works on arts and crafts projects (draws, paints, knits, does woodwork)

Yes No Keeps busy on his or her own

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 else about the child that you think we should know:
