Function Report Child Age 3 to 6th 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 1614(a)(3) and 1631(e) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed. We will use the information to make a determination of eligibility for Supplemental Security Income benefits. We may also share your information for the following purposes, called routine uses:

- 1. To Federal, State, or local agencies for administering cash or non-cash income maintenance or health maintenance programs;
- 2. To appropriate State agencies, or other agencies providing services to disabled children, to identify Title XVI eligible under the age of 16 for the consideration of rehabilitation services; and
- 3. To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR), on April 1, 2003, at 68 FR 15784; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006 at 71 FR 1830; and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on December 22, 2003 at 68 FR 71210. Additional information, and a full listing of all of our SORNs, are available on our website at www.ssa.gov/privacy/.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. 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 OR BRING 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, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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FUNCTION REPORT - CHILD AGE 3 TO 6th BIRTHDAY

S	SECTION 1 - IDENTIFYING INFORMAT	ΓΙΟΝ
A. Print NAME OF CHI I	LD: MIDDLE	LAST
B. Child's SOCIAL SEC	CURITY NUMBER:	
C. Child's DATE OF BI	RTH: Month/Day/Year	
D. PERSON COMPLET	TING FORM	
RELATIONSHIP TO CH	HILD:	
DATE FORM COMPLE	TED: Month/Day/Year	
DAYTIME TELEPHONE	E NUMBER (including Area Code):	
MAILING ADDRESS (N	lumber and Street, Apt. No. (if any), P.C	D. Box, or Rural Route):
CITY	STATE	ZIP CODE

SECTION 2 - FUNCTION DETAILS

2.	A. Does the child have problems seeing?	If "yes ," please mark every statement below that is generally true about the child:					
	☐ YES (Continue)	Child uses glasses or contact lenses. If the child has problems seeing even with glasses or contact lenses, please explain:					
	☐ NO (Go to 2.B.)						
		Child cannot be fitted for glasses or contact lenses. Explain:					
		Child has other seeing problems. If so, please describe:					
	B. Does the child have	If " yes ," please mark every statement below that is generally true					
	problems hearing? ☐ YES (Continue)	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:					
	□ NO (Go to 2.C.)						
		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.	_ =	Does the child have problems talking clearly?				
	to talk?	☐ Yes (answer questions below)				
	☐ YES (Go to 2.D.)	☐ No (continue to question 2.D.)				
	☐ NO (Continue)	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:				

2.	D. Is the child's ability to communicate limited?			e," please tell us what the child does or can or "no" for each of the following:
	☐ YES (Continue)	☐ Yes	□No	Asks a lot of what, why, and where questions
	☐ NO (Go to 2.E.)	☐ Yes	□No	Uses complete sentences of more than 4 words most of the time
	NOT SURE (Continue)	☐ 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
			ink we sh	explain. In addition, please tell us anything nould know about the child's ability to

2.	E. Does the child's	If " yes ," or "	not sure,"	please tell us what the child does or can do
	impairment(s) limit his or	by checking "yes" or "no" for each of the following:		
	her progress in understanding and using	☐ Yes	□No	Recite numbers to 3
	what he or she has learned?	☐ Yes	□No	Count three objects (like blocks, cars or dolls)
	☐ YES (Continue)	☐ Yes	□No	Recite numbers to 10
	☐ NO (Go to 2.F.)	☐ Yes	□No	Identify most colors, such as purple, and shapes, such as a star
	NOT SURE	☐ Yes	□No	Knows his or her age
	(Continue)	☐ Yes	□No	Asks what words mean
		☐Yes	□No	Knows his or her birthday
		☐ Yes	□No	Knows his or her telephone number
		☐ Yes	□No	Can define common words
		☐ Yes	□No	Can read capital letters of the alphabet
		☐ Yes	□No	Understands a joke
		else you thir	nk we shou	xplain. In addition, please tell us anything uld know about the child's progress in ing what he or she has learned:

2.	F. Are the child's physical abilities limited?	If "yes," or "not sure," please tell us what the child does or can by checking "yes" or "no" for each of the following:				
	☐ YES (Continue)	☐Yes	□No	Catch a large ball, like a beach ball		
	☐ NO (Go to 2.G.)	☐Yes	□No	Ride a big wheel, tricycle, or bike with training wheels		
	NOT SURE	☐ Yes	□No	Wind up a toy		
	☐ (Continue)	☐ Yes	☐ No	Print at least some letters		
		☐Yes	□No	Copy first name		
		☐ Yes	□No	Use scissors fairly well		
				se explain. In addition, please tell us anything should know about the child's physical		
	G. Does the child's impairment(s) affect his or	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:				
	her behavior with other people?	☐Yes	□No	Enjoys being with other children the same age		
	☐ YES (Continue)	☐Yes	□No	Shows affection towards other children		
	☐ NO (Go to 2.H.)	☐ Yes	□No	Is affectionate towards parents		
		☐ Yes	☐ No	Shares toys		
	□ NOT SURE □ (Continue)	☐ 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)		
			think we	se explain. In addition, please tell us anything should know about the child's behavior around		

2.	H. Does the child's impairment(s) affect his or her habits and ability to take care of personal needs?	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. Chec "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 dress with help but now dresses without help, check "yes" for both.				
	□ NO (Go to 2.I.)	☐ Yes	□No	Usually controls bowels and bladder during the day		
	□ NOT SURE (Continue)			Eats using a fork and spoon by self Dresses self with help Dresses self without help (except tying shoes) Washes or bathes without help Brushes teeth with help Brushes teeth without help Puts toys away se explain. In addition, please tell us think we should know about the child's		
			nd ability t	o take care of personal needs:		
	I. Is the child's ability to pay attention and stick with a task limited?	TV, music	r, reading a ☐ 15 m ary, pleas else you t	re," how long can the child pay attention to aloud or games? inutes		

2.	J. Please tell us anything else about the child that you think we should know.
	SECTION 3 - REMARKS