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# Function Report Child Age 12 to 18th Birthday

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## 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.**

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## Privacy Act Statement

Sections 1614 and 1631(e)(1), of the Social Security Act, as amended, and 20 CFR 416.924(a), authorize us to collect this information. We will use the information you provide on behalf of the child to determine his or her eligibility for Supplemental Security Income (SSI) payments based on disability.

See Revised Privacy Act Statement Attached

Furnishing us the information is voluntary. However, failing to provide all or part of the requested information may prevent our making an accurate and timely decision on the claim.

We rarely use the information you supply for any purpose other than to make a decision regarding the child's eligibility for SSI payments. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to our benefits and coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, and investigatory activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer-matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded and administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notice 60-0089, entitled, Claims Folders Systems. Additional information about this and other system of records notices and our programs is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**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 THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also 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 Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

**FUNCTION REPORT - CHILD  
AGE 12 TO 18th BIRTHDAY****SECTION 1 - IDENTIFYING INFORMATION****1. A. Print NAME OF CHILD:**

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

LAST \_\_\_\_\_

**B. Child's SOCIAL SECURITY NUMBER:**

\_\_\_\_\_

**C. Child's DATE OF BIRTH:**\_\_\_\_\_  
Month/Day/Year**D. PERSON COMPLETING FORM**

NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_  
Month/Day/YearDAYTIME TELEPHONE NUMBER (*including Area Code*):

\_\_\_\_\_

MAILING ADDRESS (*Number and Street, Apt. No. (if any), P.O. Box, or Rural Route*):

CITY

STATE

ZIP CODE

## SECTION 2 - FUNCTION DETAILS

<p><b>2.</b> 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 <b>"yes,"</b> 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><input type="checkbox"/> Child cannot be fitted for glasses or contact lenses. Explain: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Child has other seeing problems. If so, please describe: _____</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 <b>"yes,"</b> 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><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><input type="checkbox"/> Child uses American Sign Language.</p> <p><input type="checkbox"/> Child reads lips.</p>

**2. C. Is the child totally unable to talk?**

☐ YES (Go to 2.D.)

☐ NO (Continue) 

Does the child have problems talking clearly?

☐ Yes (answer questions below)☐ No (Continue to 2.D.)

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:

[illegible]

<p><b>2.</b> D. Are the child's daily activities limited?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.E.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If <b>"yes,"</b> or <b>"not sure,"</b> please mark every statement below that is true about the child:</p> <p><input type="checkbox"/> Goes to school full-time      <input type="checkbox"/> Works part-time</p> <p><input type="checkbox"/> Goes to school part-time      <input type="checkbox"/> Works full-time</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>_____</p> <p>If necessary, please explain. In addition, please tell us anything else you think we should know about the child's daily activities:</p> <p>_____</p> <p>_____</p>
<p>E. Is the child's ability to communicate limited?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.F.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If <b>"yes,"</b> or <b>"not sure,"</b> please tell us what the child does or can do by checking <b>"yes"</b> or <b>"no"</b> for each of the following:</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Answer the telephone and make telephone calls</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Deliver phone messages</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Repeat stories he or she has heard</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Tell jokes or riddles accurately</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Explain why he or she did something</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Uses sentences with "because," "what if," or "should have been"</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Ask for what he or she needs</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Talks with family</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Talks with friends</p> <p>If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to communicate:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>2. F. Is there any limitation in the child's progress in understanding and using what he or she has learned?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.G.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If <b>"yes,"</b> or <b>"not sure,"</b> please tell us what the child does or can do by checking <b>"yes"</b> or <b>"no"</b> for each of the following:</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Read and understand sentences in comics and cartoons</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Read and understand stories in books, magazines, or newspapers</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Spell words of more than 4 letters</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Tell time</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Add and subtract numbers over 10</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Multiply and divide numbers over 10</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Understands money - can make correct change</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Understand, carry out, and remember simple instructions</p> <p>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:</p> <hr/> <hr/> <hr/>
<p>G. Are the child's physical abilities limited?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.H.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If <b>"yes,"</b> or <b>"not sure,"</b> please tell us what the child does or can do by checking <b>"yes"</b> or <b>"no"</b> for each of the following:</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Walk   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Ride a bike</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Run   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Throw a ball</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Dance   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Jump rope</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Swim   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Play sports</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Drive a car   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Work video games controls</p> <p>If necessary, please explain. In addition, please tell us anything else you think we should know about the child's physical abilities:</p> <hr/> <hr/> <hr/>

☐ NOT SURE →  
(Continue)

☐ **Yes**   ☐ **No**   Plays team sports (for example, baseball, basketball, soccer)

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.



<p><b>2.</b> I. Is the child's ability to take care of his or her personal needs and safety limited?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.J.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If <b>"yes,"</b> or <b>"not sure,"</b> please tell us what the child does or can do by checking <b>"yes"</b> or <b>"no"</b> for each of the following:</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.)</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Washes and puts away his or her clothes</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry)</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Can cook a meal for self</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Gets to school on time</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Studies and does homework</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Takes needed medication</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Can use public transportation by himself/herself</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Accepts criticism or correction</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Keeps out of trouble</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Obeys rules</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Avoids accidents</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Asks for help when needed</p> <p>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: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>2. J. Is the child's ability to pay attention and stick with a task limited?</p> <p><input type="checkbox"/> YES (Continue) →</p> <p><input type="checkbox"/> NO (Go to 2.K.)</p> <p><input type="checkbox"/> NOT SURE (Continue) →</p>	<p>If <b>"yes,"</b> or <b>"not sure,"</b> please tell us what the child does or can do by checking <b>"yes"</b> or <b>"no"</b> for each of the following:</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Works on arts and crafts projects (draws, paints, knits, does woodwork)</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Keeps busy on his or her own</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Finishes things he or she starts</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Completes homework</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Completes homework on time</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b>   Completes chores most of the time</p> <p>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:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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K. Please tell us anything else about the child that you think we should know.

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### SECTION 3 - REMARKS

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