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# Function Report - Child Age 1 to 3rd 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.**

## 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 68FR 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/](http://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.**

**FUNCTION REPORT - CHILD  
AGE 1 TO 3rd 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/Year

\_\_\_\_\_

DAYTIME 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>_____</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 " <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>_____</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. 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.

**Yes**    **No**   Crawl

**Yes**    **No**   Stand with help

**Yes**    **No**   Stand without help

**Yes**    **No**   Walk holding on to someone or something

**Yes**    **No**   Walk without holding on

**Yes**    **No**   Climb onto furniture

**Yes**    **No**   Throw a ball or other object

**Yes**    **No**   Dance or jump up and down

**Yes**    **No**   Walk up and down steps by self

**Yes**    **No**   Run, but may fall down sometimes

**Yes**    **No**   Run without falling

**Yes**    **No**   Stack small blocks 2 high

**Yes**    **No**   Stack small blocks 4 high

**Yes**    **No**   Stack small blocks 6 high

**Yes**    **No**   Push and pull small toys

**Yes**    **No**   Scribble with a crayon or pencil

**Yes**    **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:

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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 take care of his or her personal needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



