Function Report - Child Birth to 1st Birthday

Filling Out The Function Report

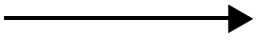
IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, CONTACT YOUR SOCIAL SECURITY OFFICE. WE WILL HELP YOU.

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.

Continued on the Reverse 

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 Government Accountability 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.

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
BIRTH TO 1st 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

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). Explain:

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

2. C. Are the child's activities or abilities limited?

☐ YES (Continue) →

☐ NO (Go to 2.D.)

☐ NOT SURE →

If "**yes**," or "**not sure**," please tell us what the child does by marking "yes" or "no" for each of the following:

☐ **Yes** ☐ **No** Makes various cooing sounds, such as "aaah" and "oooh"

☐ **Yes** ☐ **No** Makes various babbling sounds, such as "babababa" or "mamamama"

☐ **Yes** ☐ **No** Says simple words other than "mama" and "dada"

Child generally

☐ **Yes** ☐ **No** Stops crying when picked up and held

☐ **Yes** ☐ **No** Watches face of person talking to him or her

☐ **Yes** ☐ **No** Pats, "talks to" or otherwise responds to himself or herself in mirror

☐ **Yes** ☐ **No** Plays games, such as "peek-a-boo"

☐ **Yes** ☐ **No** Understands simple statements like "come here" or "sit down"

☐ **Yes** ☐ **No** Points to something he or she wants that is out of reach, such as a toy or food

☐ **Yes** ☐ **No** Understands names of favorite toys or other things, such as a bottle

☐ **Yes** ☐ **No** Turns head in direction of familiar noises or voices

☐ **Yes** ☐ **No** Turns head when his or her name is called

☐ **Yes** ☐ **No** Smiles at faces he or she knows

☐ **Yes** ☐ **No** Quiets or stops crying when sees parent or other person he or she knows

☐ **Yes** ☐ **No** Cuddles in arms when held by parent or caregiver

☐ **Yes** ☐ **No** Reaches out to be picked up

2.	C. (Continued)	**Child can**
		☐ **Yes** ☐ **No** Roll from stomach to back
		☐ **Yes** ☐ **No** Roll from back to stomach
		☐ **Yes** ☐ **No** Get to a sitting position without help
		☐ **Yes** ☐ **No** Rock back and forth on hands and knees
		☐ **Yes** ☐ **No** Crawl or creep
		☐ **Yes** ☐ **No** Pull self up to a standing position
		☐ **Yes** ☐ **No** Reach for toys, or other objects
		☐ **Yes** ☐ **No** Stand up without holding on to someone or something
		☐ **Yes** ☐ **No** Walk holding on to someone or something
		☐ **Yes** ☐ **No** Eat foods, such as cereal, cookie, by self
		☐ **Yes** ☐ **No** Move toy or other object from hand-to-hand
		☐ **Yes** ☐ **No** Hold small objects between fingers
		☐ **Yes** ☐ **No** Throw ball or other object

D. If necessary, please explain any of the items in Question 2.C. In addition, please tell us anything else about the child that you think we should know:

SECTION 3 - REMARKS