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

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 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. 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 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 (Continue)

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