Function Report - Child Age 6 to 12th 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 205(a), 223(d), and 1631(e)(1), of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on behalf of the minor child to determine his or her benefit eligibility.

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

We rarely use the information for any purpose other than for making a decision regarding entitlements to benefits. 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 assure 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 payment's or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notices entitled, Claims Folders Systems, 60-0089. Additional information about this and other system of records notices and our programs are available on-line at 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. 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*, *1338 Annex Building, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***

FUNCTION REPORT - CHILD
AGE 6 TO 12th BIRTHDAY

SECTION 1 - IDENTIFYING INFORMATION

1. A. Print **NAME OF CHILD:**

FIRST	MIDDLE	LAST
Annie	M.	Farnsworth

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

111-11-1111

C. Child's **DATE OF BIRTH:**

Month/Day/Year

January 1, 2013

D. **PERSON COMPLETING FORM**

NAME: Harriet Jones

RELATIONSHIP TO CHILD: SOAR Case Manager

DATE FORM COMPLETED:

Month/Day/Year

October 1, 2018

DAYTIME TELEPHONE NUMBER *(including Area Code)*:

(444)444-4444

MAILING ADDRESS *(Number and Street, Apt. No. (if any), P.O. Box, or Rural Route)*:
Some Town Family Shelter, 123 Some St

CITY	STATE	ZIP CODE
Some Town	YY	12345

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).

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

_____

_____

_____

_____

☐ Child uses American Sign Language.

☐ Child reads lips.

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 question 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:

Annie has difficulty speaking in complete sentences and using correct words for her age. She has problems with pronunciation, talks too slowly, and at a low tone.

2. D. Is the child 's ability to communicate limited?

- [x] YES (Continue)
- [ ] NO (Go to 2.E.)
- [ ] NOT SURE (Continue)

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

[ ] **Yes**	[x] **No**	Deliver telephone messages
[ ] **Yes**	[x] **No**	Repeat stories he or she has heard
[ ] **Yes**	[x] **No**	Tell jokes or riddles accurately
[ ] **Yes**	[x] **No**	Explain why he or she did something
[ ] **Yes**	[x] **No**	Uses sentences with "because," "what if," or "should have been"
[x] **Yes**	[ ] **No**	Talks with family
[x] **Yes**	[ ] **No**	Talks with friends

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to communicate:

Annie has difficulty with 'receptive language' according to teacher report. Mother also reports Annie has difficulty in understanding what others say.

2. E. Is the child's ability to progress in learning limited?

- [x] 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:

[ ] **Yes**	[x] **No**	Read capital letters of alphabet
[ ] **Yes**	[x] **No**	Read capital letters and small letters
[ ] **Yes**	[x] **No**	Read simple words
[ ] **Yes**	[x] **No**	Read and understands simple sentences
[ ] **Yes**	[x] **No**	Read and understands stories in books or magazines
[x] **Yes**	[ ] **No**	Print some letters
[ ] **Yes**	[x] **No**	Print name
[ ] **Yes**	[x] **No**	Write in longhand (script)
[ ] **Yes**	[x] **No**	Spell most 3-4 letter words
[ ] **Yes**	[x] **No**	Write a simple story with 6-7 sentences
[ ] **Yes**	[x] **No**	Add and subtract numbers over 10
[ ] **Yes**	[x] **No**	Knows days of the week and months of the year
[ ] **Yes**	[x] **No**	Understands money - can make correct change
[ ] **Yes**	[x] **No**	Tells time

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to progress in learning:

Annie has difficulty understanding what she reads. She has not been able to learning telephone numbers, addressess, and the alphabet. Annie has trouble recalling names of people. She hesitates to name objects when asked to do so. Annie will stomp or pout when she can't name an object. She will make a fist and throw things.

2. F. Are the child's physical abilities limited?

- [x] 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:

[x] **Yes**	[ ] **No**	Walk
[x] **Yes**	[ ] **No**	Run
[x] **Yes**	[ ] **No**	Throw a ball
[ ] **Yes**	[x] **No**	Ride a bike
[ ] **Yes**	[x] **No**	Jump rope
[ ] **Yes**	[x] **No**	Use roller skates or roller blades
[ ] **Yes**	[x] **No**	Swim
[x] **Yes**	[ ] **No**	Use scissors
[ ] **Yes**	[x] **No**	Work video game controls
[x] **Yes**	[ ] **No**	Dress/undress dolls or action figures

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's physical abilities:

Annie's is physically limited only after a grand mal seizure. She is not able to do any activities because she is dizzy, unsteady and tired.

2. G. Does the child's impairment(s) affect his or her behavior with other people?

- [x] 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**	[x] **No**	Has friends his or her own age
[ ] **Yes**	[x] **No**	Can make new friends
[ ] **Yes**	[x] **No**	Generally gets along with you or other adults
[ ] **Yes**	[x] **No**	Generally gets along with school teachers
[ ] **Yes**	[x] **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 with other people:

Annie does not get along with classmates and does not have a good relationship with her older brother (15 years old). Other children do not include Annie in games because she becomes easily upset and will throw things or bite. Annie will react in anger even without apparent cause. She is reluctant to try new activities and she fears these can bring on a seizure. Other children do call her names because of her seizures and bad behavior. Annie has been called to the office 4-6 times due to fighting, running through the halls and tantrums.

2. H. Does the child's impairment(s) affect his or her ability to help himself or herself and cooperate with others in taking care of personal needs?

- [x] YES (Continue)
- [ ] NO (Go to 2.I.)
- [ ] 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:

[x] **Yes**	[ ] **No**	Uses zipper by self
[x] **Yes**	[ ] **No**	Buttons clothes by self
[ ] **Yes**	[x] **No**	Ties shoelaces
[x] **Yes**	[ ] **No**	Takes a bath or shower without help
[x] **Yes**	[ ] **No**	Brushes teeth
[x] **Yes**	[ ] **No**	Combs or brushes hair
[x] **Yes**	[ ] **No**	Washes hair by self
[ ] **Yes**	[x] **No**	Chooses clothes by self
[x] **Yes**	[ ] **No**	Eats by self using a knife, fork, and spoon
[ ] **Yes**	[x] **No**	Picks up and puts away toys
[ ] **Yes**	[x] **No**	Hangs up clothes
[ ] **Yes**	[x] **No**	Helps around the house (for example, washes or dries dishes, makes bed(s), sweeps/vacuums floor, rakes or mows yard, helps with laundry)
[ ] **Yes**	[x] **No**	Does what he or she is told most of the time
[ ] **Yes**	[x] **No**	Obeys safety rules; for instance, looks for cars before crossing street
[ ] **Yes**	[x] **No**	Gets to school on time
[ ] **Yes**	[x] **No**	Accepts criticism or correction

If necessary, please explain. In addition, please tell us anything else you think we should know about the child's ability to help him or herself and cooperate with others in caring for personal needs:

Annie is unable to perform many of these tasks, such as, personal grooming,only after a grand mal seizure. Other times, she is able to do most tasks, but requires much direction.

2. I. Is the child's ability to pay attention and stick with a task limited?

- [x] YES (Continue)
- [ ] NO (Go to 2.J.)
- [ ] 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**	[x] **No**	Keeps busy on his/her own
[ ] **Yes**	[x] **No**	Finishes things he or she starts
[ ] **Yes**	[x] **No**	Works on arts and crafts projects (draws, paints, knits, does woodwork)
[ ] **Yes**	[x] **No**	Completes homework
[ ] **Yes**	[x] **No**	Completes chores most of the time

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:

Annie is easily distracted, restless and does not complete tasks if uninterested. She requires one on one supervision to complete most tasks. Annie easily gives up when frustrated.

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

Annie requires one on one supervision to complete most tasks at home and in school. Annie has no friends as she is very uncooperative and has poor impulse control. Annie shows decreased energy and stamina which may be a result of her medications. Annie is preoccupied with having a seizure which prevents her from joining activities or trying new things. Following a grand mal seizure, which occurs frequently, she is not able to function at home or school.

SECTION 3 - REMARKS

This is a SOAR-assisted application.