
Function Report Child Age 12 to 18th 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.**

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 12 TO 18th BIRTHDAY**

SECTION 1 - IDENTIFYING INFORMATION

1.	A. Print NAME OF CHILD:		
	FIRST	MIDDLE	LAST
	Sonny		Day
	B. Child's SOCIAL SECURITY NUMBER:		
	012-34-5678		
	C. Child's DATE OF BIRTH:		
	Month/Day/Year		
	12/11/2005		
D. PERSON COMPLETING FORM			
NAME: Maria Martinez			
RELATIONSHIP TO CHILD: DCFS Children's Social Worker			
DATE FORM COMPLETED:			
Month/Day/Year			
12/09/2020			
DAYTIME TELEPHONE NUMBER (including Area Code):			
626-456-7899			
MAILING ADDRESS (Number and Street, Apt. No. (if any), P.O. Box, or Rural Route):			
955 Overland Ave. Suite 100			
CITY	STATE	ZIP CODE	
San Dimas	CA	91773	

SECTION 2 - FUNCTION DETAILS

<p>2. A. Does the child have problems seeing?</p> <p><input type="checkbox"/> YES (Continue)</p> <p><input checked="" type="checkbox"/> NO (Go to 2.B.)</p>	<p>If "yes," 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 checked="" type="checkbox"/> NO (Go to 2.C.)</p>	<p>If "yes," 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 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:

Sonny often becomes agitated and speaks very quickly, making it hard for others to understand him. He also tends to jump from topic to topic when he is trying to communicate a thought, making it difficult to follow what he is saying.

Multiple horizontal lines for additional text entry.

2. D. Are the child's daily activities limited?

YES (Continue)

NO (Go to 2.E.)

NOT SURE (Continue)

If "yes," or "not sure," please mark every statement below that is true about the child:

Goes to school full-time Works part-time

Goes to school part-time Works full-time

Other. Describe:
Has been home-schooled due to pandemic.

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

When attending school in-person, he displayed aggressive behavior toward other students and engaged in risk-taking behavior, requiring close monitoring from staff. He has trouble concentrating on tasks.

E. Is the child's ability to communicate 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:

Yes No Answer the telephone and make telephone calls

Yes No Deliver phone messages

Yes No Repeat stories he or she has heard

Yes No Tell jokes or riddles accurately

Yes No Explain why he or she did something

Yes No Uses sentences with "because," "what if," or "should have been"

Yes No Ask for what he or she needs

Yes No Talks with family

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:

Sonny's pressured speech and distractability makes it hard for others to understand him,

negatively impacting his ability to form friendships

with and have positive social interactions with other

students.

2. F. Is there any limitation in the child's progress in understanding and using what he or she has learned?

- 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 Read and understand sentences in comics and cartoons
- Yes No Read and understand stories in books, magazines, or newspapers
- Yes No Spell words of more than 4 letters
- Yes No Tell time
- Yes No Add and subtract numbers over 10
- Yes No Multiply and divide numbers over 10
- Yes No Understands money - can make correct change
- Yes No Understand, carry out, and remember simple instructions

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:

Sonny is subaverage in general intellectual functioning and has difficulty participating in standardized testing to determine academic progress.

G. Are the child's physical abilities 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 Walk Yes No Ride a bike
- Yes No Run Yes No Throw a ball
- Yes No Dance Yes No Jump rope
- Yes No Swim Yes No Play sports
- Yes No Drive a car Yes No Work video games controls

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

Sonny's poor concentration, difficulty applying information, and social deficits make it hard for him to engage in organized sports or more complicated activities like learning to drive.

2. I. Is the child's ability to take care of his or her personal needs and safety limited?
- 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 No Takes care of personal hygiene (keep clean, brush teeth, comb hair, etc.)
- Yes No Washes and puts away his or her clothes
- Yes 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 No Can cook a meal for self
- Yes No Gets to school on time
- Yes No Studies and does homework
- Yes No Takes needed medication
- Yes No Can use public transportation by himself/herself
- Yes No Accepts criticism or correction
- Yes No Keeps out of trouble
- Yes No Obeys rules
- Yes No Avoids accidents
- Yes No Asks for help when needed

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:

Sonny is able to manage his personal hygiene with some supervision from caregivers. He can engage in simple chores like picking up his room when directed, but has trouble completing tasks that require extended periods of concentration or multiple steps. He can follow classroom and home rules when he is not agitated, but when he experiences mood swings, it is challenging for him to avoid confrontation with peers, teachers, and caregivers. He can make himself a simple snack like getting a yogurt or fruit from the kitchen, but he needs close supervision when using kitchen appliances because of his impulsivity and difficulty concentrating.

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

- YES (Continue)
- NO (Go to 2.K.)
- 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 Works on arts and crafts projects (draws, paints, knits, does woodwork)
- Yes No Keeps busy on his or her own
- Yes No Finishes things he or she starts
- Yes No Completes homework
- Yes No Completes homework on time
- Yes 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:

Sonny can complete simple arts and crafts projects like drawing animals or cutting out and gluing shapes together. However, because of Sonny's poor concentration, mood swings, and impulsivity, he has trouble completing tasks that require multiple steps such as homework assignments; chores such as laundry, food preparation, or taking out the garbage; or engaging in board games or sports.

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

Sonny was diagnosed with Bipolar Disorder and Intellectual Disability. His Bipolar Disorder includes medical documentation of the following: severe mood swings; impulsive and risky behavior; distractability; insomnia; aggression; pressured speech; and suicidal ideation. His medical and school records also show extreme marked limitation in the areas of mental functioning, understanding, remembering or applying information, interacting with others, concentration, persistence, and maintaining pace. Sonny has difficulty adapting and managing himself, and he has minimal capacity to adapt to changes in his daily environment. Sonny has significant deficits in adaptive functioning and needs supervision to adequately meet personal needs (e.g., preparing food, dressing, managing personal hygiene) in excess of age-appropriate dependence. His mental diagnoses are serious and persistent, with medically documented history over a period of at least 2 years. There is evidence of medical treatment, mental health therapy, and psychosocial support in a highly structured setting that is ongoing. Records show that he is significantly subaverage in general intellectual functioning and has difficulty participating in standardized tests to assess his academic progress.

