

FUNCTION REPORT - ADULT - THIRD PARTY Form SSA-3380-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can and call the phone number provided on the letter sent with the form, or contact the person who asked you to complete the form. If you need the address or phone number for the office that provided the form, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

HOW TO COMPLETE THIS FORM

The information that you give on this form will be used to make a decision on the disabled person's claim. You can help by completing as much of the form as you can. When a question refers to the "disabled person," it refers to the person who is applying for or receiving disability benefits.

It is important that you tell us what you know about the disabled person's activities and abilities.

DO NOT ASK THE DISABLED PERSON TO GIVE YOU ANSWERS

- Print or type.
- **DO NOT LEAVE ANSWERS BLANK.** If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- Do not ask a doctor or hospital to complete this form.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If you need more space to answer any questions, use the "REMARKS" section on Page 10, and show the number of the question being answered.

**REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON
COMPLETING THIS FORM ON PAGE 10**

FUNCTION REPORT- ADULT - THIRD PARTY

How the disabled person's illnesses, injuries, or conditions limit his/her activities

For SSA Use Only
Do not write in this box.

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

SECTION A - GENERAL INFORMATION

1. NAME OF DISABLED PERSON (First, Middle, Last)

2. YOUR NAME (Person completing the form)

3. RELATIONSHIP
(To disabled person)

4. DATE (MM/DD/YYYY)

5. YOUR DAYTIME TELEPHONE NUMBER (If there is no telephone number where you can be reached, please give us a daytime number where we can leave a message for you.)

____ - _____ Your Number Message Number None
Area Code Phone Number

6. a. How long have you known the disabled person? _____

b. How much time do you spend with the disabled person and what do you do together? _____

7. a. Where does the disabled person live? (Check one.)

- House Apartment Boarding House Nursing Home
 Shelter Group Home Other (What?) _____

b. With whom does he/she live? (Check one.)

- Alone With Family With Friends
 Other (describe relationship) _____

SECTION B - INFORMATION ABOUT ILLNESSES, INJURIES, OR CONDITIONS

8. How does this person's illnesses, injuries, or conditions limit his/her ability to work?

b. Does he/she need any special reminders to take care of personal needs and grooming? Yes No

If "YES," what type of help or reminders are needed?

c. Does he/she need help or reminders taking medicine? Yes No

If "YES," what kind of help does he/she need?

16. MEALS

a. Does the disabled person prepare his/her own meals? Yes No

If "Yes," what kind of food is prepared? (For example, sandwiches, frozen dinners, or complete meals with several courses.)

How often does he/she prepare food or meals? (For example, daily, weekly, monthly.)

How long does it take him/her? _____

Any changes in cooking habits since the illness, injuries, or conditions began?

b. If "No," explain why he/she cannot or does not prepare meals.

17. HOUSE AND YARD WORK

a. List household chores, both indoors and outdoors, that the disabled person is able to do . (For example, cleaning, laundry, household repairs, ironing, mowing, etc.)

b. How much time do chores take, and how often does he/she do each of these things?

c. Does he/she need help or encouragement doing these things? Yes No

If "YES," what help is needed?

b. Has the disabled person's ability to handle money changed since the illnesses, injuries, or conditions began?

Yes No

If "YES," explain how the ability to handle money has changed.

21. HOBBIES AND INTERESTS

a. What are his/her hobbies and interests? (For example, reading, watching TV, sewing, playing sports, etc.)

b. How often and how well does he/she do these things?

c. Describe any changes in these activities since the illnesses, injuries, or conditions began.

22. SOCIAL ACTIVITIES

a. How does the disabled person spend time with others? (Check all that apply.)

In person On the phone Email Texting Mail
 Video Chat (for example Skype or Facetime) Other (Explain) _____

b. Describe the kinds of things he/she does with others.

How often does he/she do these things? _____

c. List the places he/she goes on a regular basis. (For example, church, community center, sports events, social groups, etc.)

Does he/she need to be reminded to go places?

Yes No

How often does he/she go and how much does he/she take part?

Does he/she need someone to accompany him/her?

Yes No

h. How well does the disabled person get along with authority figures? (For example, police, bosses, landlords or teachers.)

i. Has he/she ever been fired or laid off from a job because of problems getting along with other people? Yes No

If "YES," please explain.

If "YES," please give name of employer.

j. How well does the disabled person handle stress?

k. How well does he/she handle changes in routine?

l. Have you noticed any unusual behavior or fears in the disabled person? Yes No

If "YES," please explain.

24. Does the disabled person use any of the following? (Check all that apply.)

- Crutches Cane Hearing Aid
- Walker Brace/Splint Glasses/Contact Lenses
- Wheelchair Artificial Limb Artificial Voice Box
- Other (*Explain*) _____

Which of these were prescribed by a doctor?

When was it prescribed?

When does this person need to use these aids?
