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CONFIDENTIALITY NOTICE: The accompanying material contains sensitive information. This information may be privileged and confidential, and intended for the use of the recipient named in this correspondence. If you have received this information in error, please contact us immediately.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Date: April 5, 2024
Case ID: 11409396

JOHN MICHAEL REED
1070 CORKWOOD ST
HOLLYWOOD FL 33019-4880

We are the office that makes disability decisions for the Social Security Administration. We are writing about your disability claim because we need more information about your condition, daily activities, or work history.

What You Need To Do

Complete these form(s) with black or blue ink. We realize that some of the questions may not seem relevant to the case, but please answer all of the questions to the best of your ability.

Return the completed form(s) by April 15, 2024. If you do not return the form(s), we may decide the case based on the information we already have on file. This means that we could find that you are not disabled based on our rules or that your disability has ended if you are already getting benefits.

How To Return The Form(s)

You may use the enclosed return envelope or fax your completed form(s) to us at (866) 534-4018. Please note the return address may be to a scanning center who works with us. **The completed form(s) must include the barcode page on top of the form(s).**

If You Have Any Questions

If you have any questions or wish to provide more information, please call us at the number(s) shown below Monday - Friday between 9:00 am and 4:00 pm. When you call or leave a message, please provide the Case ID: 11409396, your name, and a call back number.

Thank you for your help.

Development Unit/RJP
(800) 223-6820 EXT.6065
(866) 534-4018 (FAX)

Enclosure(s):
SSA-3373 Function Report - Adult
Return Envelope

PHONE: (800) 223-6820 or (305) 596-3020
For the Hearing Impaired, Florida Relay Services, TDD: 711 or (800) 955-8771

Florida Department of Health
For Social Security Administration
S69 Division of Disability Determination, PO Box 8806, London, KY 40742-9701
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

FUNCTION REPORT - ADULT

**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.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

It is important that you tell us about your activities and abilities.

- 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 more space is needed 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**

Privacy Act Statements Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631 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 you provide to make a determination of eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

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 (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at FR 15784, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all our SORNs, is available on our website at <https://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 61 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING 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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

**PLEASE REMOVE THIS SHEET BEFORE RETURNING
THE COMPLETED FORM.**

FUNCTION REPORT - ADULT

How your illnesses, injuries, or conditions limit your activities

For SSA Use Only

Do not write in this box.



RQID:DCM91351755 SITE:S69 DR:S
SSN:***** DOCTYPE:0075 RF:D CS:a889

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 Initial, Last)

John Michael Reed

2. SOCIAL SECURITY NUMBER

-3968

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

I can be reached,

(954) 559-8884
Area Code Phone Number

Your Number Message Number None
Please leave voicemail or text.

4. a. Where do you live? (Check one.)

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

b. With whom do you live? (Check one.)

Alone With Family With Friends
 Other (Describe relationship.) With Mom and Dad.

SECTION B - INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

5. How do your illnesses, injuries, or conditions limit your ability to work?

To be honest, I was approved due to bipolar (mania and depression) and Schizo-(delusions lasting months), but those things aren't necessarily what keep me out of a job. Even with no acute mania, acute depression, or delusions, I still have problems. Personality problems. Sleep disorder (Non-24). Can't safely drive. Also, I HATED going to work. 6 jobs, hated all.

SECTION C - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

Wake up at maybe 4PM. Spend maybe 10 hours awake laying on my back in bed on my phone. Mostly Reddit. Answer beginner's tech career questions. YouTube, TikTok. Chat with insane woman online who thinks she is "subhuman"; needs extensive plastic surgery. Bed 7AM,

7. Do you take care of anyone else such as a wife/husband, children, grandchildren, parents, friend, other?

 Yes No

If "YES," for whom do you care, and what do you do for them?

8. Do you take care of pets or other animals?

 Yes No

If "YES," what do you do for them?

Sometimes I'll share my food with it, my pet.

9. Does anyone help you care for other people or animals?

 Yes No

If "YES," who helps, and what do they do to help?

My parents take care of my pet that they got for me.

10. What were you able to do before your illnesses, injuries, or conditions that you can't do now?

11. Do the illnesses, injuries, or conditions affect your sleep?

 Yes No

If "YES," how?

Non-24 (Google it). Asleep during day, awake all night (often).

12. PERSONAL CARE (Check here if NO PROBLEM with personal care.)

a. Explain how your illnesses, injuries, or conditions affect your ability to:

Dress

I't's not that I can't do these things; In actuality I just don't care.

Bathe

My mom will keep nagging me and I will do it eventually. No fragrances, though.

Care for hair

Shave

Feed self

Use the toilet

Other

b. Do you need any special reminders to take care of personal needs and grooming?

 Yes No

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

My mom tells me to get haircuts and groom, I don't care.

c. Do you need help or reminders taking medicine?

 Yes NA No

If "YES," what kind of help do you need?

15-20 different pills, different doses.

I no longer take any medicine. They didn't work. I'm unfixable.

13. MEALS

a. Do you prepare your own meals?

 Yes No

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

Sometimes I microwave.

How often do you prepare food or meals? (For example, daily, weekly, monthly.)

My parents make 1-2 meals a day plus I'll grab Chipotle, \$10 fast casual.

How long does it take you? Microwave for about 1 minute.

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

Sometimes when depressed I will attempt to starve to death. failed.

b. If "No," explain why you cannot or do not prepare meals.

I used to prepare meals when I had my own place, bought groceries.

14. HOUSE AND YARD WORK

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

I do my own laundry. I do not trust detergent/soap with fragrance added.

My mom tells me to take out the trash but I have difficulty, use cathe.

b. How much time does it take you, and how often do you do each of these things?

Not long. The laundry machine does most of the work.

Sometimes I forget to put it in the dryet.

c. Do you need help or encouragement doing these things?

 Yes No

If "YES," what help is needed?

My mom hags me to take out the trash, often my Dad just does it.

d. If you don't do house or yard work, explain why not.

I don't care. Often someone else will do it.

15. GETTING AROUND

a. How often do you go outside? On most days. Sometimes only at night (Non-24).
 If you don't go out at all, explain why not.

b. When going out, how do you travel? (Check all that apply.)

Walk Drive a car

Ride in a car

Use public transportation

Other (Explain)

Not anymore. Too hunched/stiff from Pseudobatkinsonism
Ride a bicycle
Scooter

c. When going out, can you go out alone?

If "NO," explain why you can't go out alone.

Yes No

d. Do you drive?

If you don't drive, explain why not.

Yes No

Because I crash. I took a driving course but still can't drive.
 I don't turn at the right time, hit curb or other car.

16. SHOPPING

a. If you do any shopping, do you shop: (Check all that apply.)

In stores CVS

By phone

By mail

By computer Amazon

b. Describe what you shop for.

Phone charger, cane, Mother's Day gift for mom, unscented soap, etc.

c. How often do you shop and how long does it take?

Like once in 5-15 days for like 30 minutes.

17. MONEY

a. Are you able to:

Pay bills

Yes

No

Handle a savings account

Yes

No

Count change

Yes

No

Use a checkbook/money orders

Yes

No

Explain all "NO" answers.

bipolar

I can manage my money about 95% of the time, 5% manic \$.

b. Has your 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.

I don't need a representative payee, but I have one. My Dad.

18. HOBBIES AND INTERESTS

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

Tech (open-source software, GitHub.com), Reddit (tech talk/groups),
Occasionally I play board games, tabletop games.

- b. How often and how well do you do these things?

In a corporate setting my performance is bad.

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

More interest in technology, Software, screens, computers, phones,
TV's, computer code, and the light of the moon when manic/delusional.
Like a moth to flame/lamp.

19. SOCIAL ACTIVITIES

- a. Do you spend time with others? (Check all that apply.)

In person On the phone Email (a little) Texting (a lot) Mail rarely
 Video Chat (for example Skype or Facetime) Other (Explain) Online (ex. Reddit, messaging)
rarely

- b. Describe the kinds of things you do with others.

Meetup.com/Eventbrite events, Reddit groups/chats. Acquaintances

How often do you do these things? In person not very often. Online, on most days.

- c. List the places you go on a regular basis. (For example, church, community center, sports events, social groups, etc.)

Mostly online stuff. Monthly Linux computer user's group on Meetup/zoom

Do you need to be reminded to go places?

Yes No

How often do you go and how much do you take part? I mainly do online.

My mom nags me to meet people in-person at in-person Meetups.

Do you need someone to accompany you?

Yes No

If "YES", explain.

- d. Do you have any problems getting along with family, friends, neighbors, or others? Yes No

If "YES," explain.

Dad. Also I don't really have real friendships. Incapable.

- e. Describe any changes in social activities since the illnesses, injuries, or conditions began.

I go out more, talk/write more when manic/delusional.

When depressed, mostly just stay in bed, sleep a lot.

SECTION D - INFORMATION ABOUT ABILITIES

20. a. Check any of the following items that your illnesses, injuries, or conditions affect:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Lifting | <input checked="" type="checkbox"/> Walking Stooped | <input type="checkbox"/> Stair Climbing | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Squatting | <input checked="" type="checkbox"/> Sitting Bent | <input type="checkbox"/> Seeing | <input checked="" type="checkbox"/> Following Instructions Spoken |
| <input checked="" type="checkbox"/> Bending Rigid | <input type="checkbox"/> Kneeling | <input checked="" type="checkbox"/> Memory specific cognitive issues | <input type="checkbox"/> Using Hands |
| <input checked="" type="checkbox"/> Standing Hunched | <input type="checkbox"/> Talking | <input checked="" type="checkbox"/> Completing Tasks Motivation | <input checked="" type="checkbox"/> Getting Along With Others ★ Personality, Grandiose narcissistic |
| <input type="checkbox"/> Reaching | <input type="checkbox"/> Hearing | <input checked="" type="checkbox"/> Concentration Childhood ADHD. | <input type="checkbox"/> For psychopath. |

Please explain how your illnesses, injuries, or conditions affect each of the items you checked. (For example, you can only lift [how many pounds], or you can only walk [how far].)

- See what I wrote to the right of each check.

- Pseudoparkinsonism (not "real" Parkinson's disease), but I use cane.

b. Are you: Right Handed? Left Handed?

c. How far can you walk before needing to stop and rest? About 1.5 miles. I use a cane or If you have to rest, how long before you can resume walking? I use walking sticks.

Maybe 15 minutes, but my daily limit is like 3-4 miles.

d. For how long can you pay attention? It changes over time. Not long.

e. Do you finish what you start? (For example, a conversation, chores, reading, watching a movie.) NO. I try and give up. Yes No

f. How well do you follow written instructions? (For example, a recipe.)

Better than I follow spoken instructions. I can follow precise, perfect instructions step-by-step exactly as written.

g. How well do you follow spoken instructions?

Poorly. I need spoken instructions to be recorded, replayed.

h. How well do you get along with authority figures? (For example, police, bosses, landlords or teachers.)

Bosses? Very poorly. Some past teachers? Poorly.

FBI? In the past when manic/delusional. Homeland Security too.

i. Have you ever been fired or laid off from a job because of problems getting along with other people?

If "YES," please explain.

Yes No

Multiple past bosses have blocked me on LinkedIn.

If "YES," please give name of employer. Amazon (direct employment)

Also, Accenture, Bank of America (indirect employment via also via recruiter, middleman contract. Recruiter/contract.)

j. How well do you handle stress?

It depends. In a work setting, very poorly.

k. How well do you handle changes in routine?

Better than an autistic person.

l. Have you noticed any unusual behavior or fears?

Yes No

If "YES," please explain.

I have had delusions about a lying "Deep State" that controls the media. Delusions of grandeur, defeat "Deep State", become King.

21. Do you 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)

Hiking/trekking sticks instead of cane sometimes.

Which of these were prescribed by a doctor?

None by an M.D. Glasses from eye doctor.

When was it prescribed?

Glasses? I get a new pair every 1-2 years.

When do you need to use these aids?

All the time. I can walk a couple hundred feet no cane.
I have a bit of a hunch/stoop from pseudoparkinsonism,

22. Do you currently take any medicines for your illnesses, injuries, or conditions? Yes No
 If "YES," do any of your medicines cause side effects? Yes No
 If "YES," please explain. (Do not list all of the medicines that you take. List only the medicines that cause side effects.)

NAME OF MEDICINE	SIDE EFFECTS YOU HAVE

SECTION E - REMARKS

Use this section for any added information you did not show in earlier parts of this form. When you are done with this section (or if you didn't have anything to add), be sure to complete the fields at the bottom of this page.

That's all. I will never go back to work unless my job title is:
 "The King of planet Earth".

Name of person completing this form (Please print)

John Michael Reed

Date (MM/DD/YYYY)

04/12/2024

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