

GET READY FOR YOUR PERFORMCARE CALL



AVAILABLE
24 hours / 7 days



CALL
877-652-7624



ONLINE
www.performcarenj.org

WHEN CAN PERFORMCARE HELP?



- Struggling at home, school, or in the community
- Aggressive, withdrawn, or upset
- Substance use or unsafe behaviors
- Developmental disability concerns
- A trusted adult is concerned



BEFORE YOU CALL, THINK ABOUT THE INFO YOU MIGHT NEED

- Child's diagnosis, if applicable.
- Current medications and providers.
- School information.
- IEP or 504 Plan, if applicable.
- Prior hospitalizations or services.
- Specific examples of concerning behaviors.
- Child's name, age, date of birth, insurance, and other demographic details.

WHAT SHOULD I TELL THEM?



WHAT?

Describe the behavior clearly.



HOW OFTEN?

Frequency & Length of behaviors.



WHERE?

Home • School
• Community



TRIGGERS?

What makes it worse?



WHAT HELPS?

Previous Interventions



WHAT CHANGED?

Mood • sleep • behavior • interests

SOME EXAMPLES OF BEHAVIORS TO DESCRIBE

Aggression

Fighting

Kicking / hitting

Throwing things

Breaking things

Self-harm behaviors

Running away / elopement

Severe tantrums

Cursing / verbal aggression

Refusing school

Unsafe behaviors



DON'T MINIMIZE IT. Be honest and specific about how difficult things have become and how the behaviors affect daily life and family functioning.

Asking for help is a strong step for your child and your family.

YOUR CALL • YOUR NOTES • YOUR NEXT STEPS

Keep this page beside you while you talk with PerformCare

1 Who referred you?

School counselor, pediatrician, hospital, or another source.



6 Impact on daily life?

Describe the impact at home, school, and in the community.



2 Used PerformCare before?

For example: in-home therapy, Mobile Response, or Circle of Care-CMO.



7 How often / how long?

Describe frequency and the typical length of episodes.



3 Biggest concerns?

Give clear examples such as aggression, self-harm, severe anxiety, unsafe actions, or other behaviors.



8 Triggers?

What tends to happen before the behavior? Is the response disproportionate?



4 Recent difficult event?

Examples include loss, trauma, bullying, or a major life change.



9 Recent changes?

Note changes in mood, behavior, sleep, or interests.



5 Suicidal thoughts?

If yes, describe statements or attempts, who has been informed, and actions already taken.



10 What has been tried?

Include therapy, hospitalizations, and other interventions; note what did or did not help.



AFTER THE CALL: CAPTURE THE PLAN



REFERRAL AGENCY

CONTACT DETAILS

APPOINTMENT DATE & TIME

SUPPORT RECOMMENDED

OTHER INSTRUCTIONS / FOLLOW-UP



KEEP THIS HANDY

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