



Connections. Community. Mental Wellness.

810 Main Street, Torrington, CT 06790

Phone: 860-482-3636 Fax: 860-496-4097

What is Prime Time House?

Established in 1988, Prime Time House is a non-profit organization that provides support and structure for adults who struggle with mental illness. Prime Time House's Clubhouse helps its members to attain employment, education, life skills, and overall a better quality of life. Prime Time House is a non-traditional mental health program that utilizes work as its intervention in helping its members reach their goals and re-integrate into the community. Prime Time House has a non-clinical approach that enables people to regain a sense of their own worth and a measure of their full potential, giving them the confidence to improve upon their everyday lives.

What does Prime Time House offer?

Prime Time Clubhouse offers a place to come, meaningful work, meaningful relationships, and a place to return. Prime Time House helps adults with serious mental illness to find pathways back to independence and productivity, accessing unlimited opportunities to the same worlds of employment, education, and friendship as the rest of society. The Clubhouse follows the Clubhouse International model and resembles a strong, work-ordered day that parallels a typical working day in the greater community. More information about the Clubhouse model, as well as our program, is available at: www.primetimehouse.org.

How can you become a member?

Membership is open to anyone who is 18 years or older with a severe and persistent diagnosed mental illness. To begin the orientation process, potential members should come in for a tour of the Clubhouse to learn more about the program. They will then be given a copy of the attached Notification of Interest and Co-occurring Screening Tool, which must be completed by someone who can verify the diagnosis. These forms should be forwarded with a signed Release of Information, so the Clubhouse can contact the referring clinician if there are further questions or needed clarifications. For more information, please contact Prime Time House Clubhouse at (860) 482-3636 and speak to Sarah Santoro or Zachary Ritchie.



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Notification of Interest

1. Individual Expressing Interest

Name: _____ Date: _____

2. Statement of Interest

Why, in their own words, is the individual interested in participating in the Clubhouse program?

3. Additional Information

- Is the individual authorized to work in the United States? (U.S. Citizen or Green Card)
 Yes No
- Is the individual currently active in the service system? Yes No
- Does the individual have a conservator? Yes No

4. Benefits (please provide approximate monthly amounts)

SSI _____ SSDI _____ TANF _____ W/C _____ VA _____

Title XIX _____ SAGA _____ Other _____ No Benefits _____

5. Demographic and Diagnoses Update

DOB: ___/___/___ Address: _____

Phone: _____ Gender: ___ Marital Status: _____ Race: _____

Hispanic Y/N: ___ Language: _____ Religion: _____

Living Situation: _____ Employment Status: _____

Diagnoses Axis 1:

DSM-5 Code(s): _____ Description(s): _____

Diagnoses Axis 2:

DSM-5 Code(s): _____ Description(s): _____

6. Primary Clinician/Case Manager

Name: _____

Agency: _____

Address: _____

Phone #: _____ Email: _____

7. Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone #: _____

8. Use this space for any other information you'd like to share with us.

Signature of Potential Member

Signature of Clinician Verifying Diagnosis

Date: _____

Date: _____

*****Please attach a Release of Information form with this application**



AUTHORIZATION FOR EXCHANGE OF INFORMATION

This authorization must be signed by the member, or by the person authorized to act on behalf of the member. This authorization expires one year from signature date or as agreed upon by the member.

I hereby authorize **Prime Time House** and _____ to exchange

information from the records of _____.

D.O.B. _____ SS# _____

I understand that refusal to sign this authorization form will in no way affect my right to obtain present and future treatment, except where disclosure of such communications and records is necessary for treatment. I also understand that I may revoke this authorization at any time by signing the "CANCELLATION/ REVOCATION" section below, except to the extent that action has been taken in reliance on it. I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under State and Federal Laws and cannot be disclosed without my written authorization unless otherwise provided for by law. The information disclosed by this facility pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

- | | | |
|----------------------------------|--------------------------|----------------|
| Alcohol/Substance Abuse | <input type="checkbox"/> | initials _____ |
| Medical Records | <input type="checkbox"/> | initials _____ |
| Psychiatric Information | <input type="checkbox"/> | initials _____ |
| Other (specify)/Employment | <input type="checkbox"/> | initials _____ |
| All pertinent family information | <input type="checkbox"/> | initials _____ |

Member's Signature Date

Program Representative Date

Cancellation/Revocation: _____
Member's Signature Date

Co-occurring Screening Tools

Please note: TPS in the boxes at the top right of the following screening forms reflects the total positive score responses on the instruments (total number of yes responses). For the CAGE, a score of “1” is considered to be a positive screen. For the Modified Mini-Screen, a “positive” screen is met by any of the following conditions; a “positive total” score ≥ 6 ; a “yes” response to Question 4; OR “yes” responses to BOTH Question 14 and 15.

For Office Use Only

TPS:

Question 4 _____ (Y) OR

Question 14 _____ (Y) AND

Question 15 _____ (Y)

Today's Date _____

**Western Connecticut Mental Health Network
Additional Request for Service Information**

Modified Mini Screen

Number of days since last use of alcohol and/or other drugs: _____

Section A

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?

Yes No

2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?

Yes No

3. Have you felt sad, low or depressed most of the time for the last two years?

Yes No

4. In the past month did you think that you would be better off dead or wish you were dead?

Yes No

5. Have you ever had a period of time when you were feeling 'up', hyper or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol).

Yes No

Modified Mini Screen

6. Have you ever been so irritable, grouchy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?

Section B

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way? Did these intense feelings get to be their worst within 10 minutes? (If "yes" to both questions, answer "yes", otherwise check "no")

Yes No

8. Do you feel anxious, frightened, uncomfortable or uneasy in situations where help might not be available or escape might be difficult? Examples include: ___being in a crowd, ___standing in a line, ___being alone away from home or alone at home, ___crossing a bridge, ___traveling in a bus, train or car?

Yes No

9. Have you worried excessively or been anxious about several things over the past 6 months?
(If you answered "no" to this question, please skip to Question 11.)

Yes No

10. Are these worries present most days?

Yes No

11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples include: ___speaking in public, ___eating in public or with others, ___writing while someone watches, ___being in social situations.

Yes No

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive or distressing? Examples include: ___Were you afraid that you would act on some impulse that would be really shocking? ___Did you worry a lot about being dirty, contaminated or having germs? ___Did you worry a lot about contaminating others, or that you would harm someone even though you didn't want to? ___Did you have any fears or superstitions that you would be responsible for things going wrong? ___Were you obsessed with sexual thoughts,

Modified Mini Screen

images or impulses? ___ Did you hoard or collect lots of things? ___ Did you have religious obsessions?

Yes No

13. In the past month, did you do something repeatedly without being able to resist doing it? Examples include: ___ Washing or cleaning excessively; ___ Counting or checking things over and over; ___ Repeating, collecting, or arranging things; ___ Other superstitious rituals.

Yes No

14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples include: ___ serious accidents; ___ sexual or physical assault; ___ terrorist attack; ___ being held hostage; ___ kidnapping; ___ fire; ___ discovering a body; ___ sudden death of someone close to you; ___ war; ___ natural disaster.

Yes No

15. Have you re-experienced the awful event in a distressing way in the past month? Examples include: ___ Dreams; ___ Intense recollections; ___ Flashbacks; ___ Physical reactions.

Yes No

Section C

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?

Yes No

17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?

Yes No

18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?

Yes No

Modified Mini Screen

19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?

Yes No

20. Have your relatives or friends ever considered any of your beliefs strange or unusual?

Yes No

21. Have you ever heard things other people couldn't hear, such as voices?

Yes No

22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?

Yes No

Section D

23. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?

Yes No

CAGE-Adapted to Include Drugs (CAGE-AID) Screening Instrument

1. Have you ever felt you should cut down on your drinking or drug use?

Drinking: Yes No
Drug Use: Yes No

2. Have people annoyed you by criticizing your drinking or drug use?

Drinking: Yes No

CAGE-Adapted to Include Drugs (CAGE-AID) Screening Instrument

Drug Use: Yes _____ No _____

3. Have you ever felt bad or guilty about your drinking or drug use?

Drinking: Yes _____ No _____

Drug Use: Yes _____ No _____

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?

Drinking: Yes _____ No _____

Drug Use: Yes _____ No _____