



**Prime Time Clubhouse**  
810 Main Street - Torrington, CT 06790  
(860) 482-3636

### **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 on our website: <http://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 Sherrie Perugini 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?

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### **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.**

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Signature of Potential Member

Signature of Clinician Verifying Diagnosis

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Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

Rev: 8/17

# PRIME TIME HOUSE

810 Main Street, Torrington, CT 06790-3348 · (860) 482-3636 · Fax (860) 496-4097

## 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/REVOCAATION" 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  initials \_\_\_\_\_

Medical Records  initials \_\_\_\_\_

Psychiatric Information  initials \_\_\_\_\_

Other (specify)/Employment  initials \_\_\_\_\_

All pertinent family information  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  $\geq 6$ ; 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

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

## Modified Mini Screen

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, images or impulses? \_\_\_Did you hoard or collect lots of things? \_\_\_Did you have religious obsessions?

Yes                      No

## Modified Mini Screen

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

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?

### Modified Mini Screen

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 **C**ut 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

Drug Use:    Yes    \_\_\_\_\_    No    \_\_\_\_\_

3.     Have you ever felt bad or **G**uilty about your drinking or drug use?

Drinking:    Yes                      No

Drug Use:    Yes    \_\_\_\_\_    No    \_\_\_\_\_

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

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 \_\_\_\_\_