

## INSTRUCTIONS FOR CLAYTON HOUSE APPLICATION PROCESS

The application process has **3** steps:

- 1) AN APPLICATION PACKAGE;
- 2) A FACE TO FACE INTERVIEW;
- 3) Monday call-in and urine screens for clients accepted to the waiting list.

### STEP 1

#### **APPLICATION PACKAGE:**

**BEFORE** an interview can be scheduled, applicants and/or referring counselors are responsible for mailing or FAXing **(860-659-1864)** or e-mail **(mzito@intercommunityct.org)** the COMPLETED application package which consists of:

- 1) a completed **Clayton House Application Form**;
- 2) a TYPED **psycho-social assessment** (to be provided by referring counselor); and a **medical history**
- 3) a **negative PPD result** from a test done **within** the **past 3 months. Interviews will not be scheduled if PPD result is not provided.** (to be provided by referring counselor).
- 4) **PLEASE DO NOT** send documents which are poor in quality, as they are often unreadable. Please do not send more than 20 pages.

### STEP 2

#### **INTERVIEWS:**

Please call **(860) 659-0309** **AFTER** the application package has been sent to Clayton House. **It is the responsibility of applicants and/or the referring counselors to schedule the interview**

## **appointment.**

### **STEP 3**

#### **(only for applicants accepted on to the wait list)**

#### **Weekly Call-In:**

Those applicants who are accepted to the waiting list will need to call in each **Monday between 8:00am and 10:00am** to update their wait list status. Applicants can call 860-659-0309 and simply leave a message on voice mail stating that they are still interested in admission. Please be sure to leave the telephone number of where you can be reached when an opening arises.

#### **Weekly Urine Screens:**

Clients on the waiting list may need to have weekly urine screens done and the result sent to Clayton House prior to admission.

**Physicals:** Per DPH regulation, no client can be admitted with a physical or health assessment older than 30 days.

Please feel free to call 860-659-0309 with any questions or concerns. Thank you.

#### **New Residents:**

Clients being admitting into the Clayton House should, if possible, bring their own:

- bed linen for a single bed;
- bath towels and toiletries;
- laundry soap;
- at least a 30 day supply of any prescription medications and/or a renewable prescription.

Use this check list to make sure you have all the items necessary to make up a complete application package....*A complete application package is necessary before a telephone interview can be scheduled.*

## Clayton House Application Package Checklist

- Clayton House Application Form;**
- Bio-psycho-social assessment;**
- Medical history;**
- Active medication list;**
- PPD result** from a test done **within** the **past 3 months** (to be provided by referring counselor).  
**Interviews will not be scheduled if PPD result is not provided.**



InterCommunity, Inc.  
**Clayton House Application Form**  
 203 Williams Street  
 Glastonbury, CT 06033  
 (860) 659-0309  
 FAX: (860) 659-1864  
*email: mzito@intercommunityct.org*

Date this form is completed: \_\_\_\_\_

**Personal Data**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home telephone #: \_\_\_\_\_

Sex: \_\_\_\_\_ (if *female*, are you pregnant?...Yes: \_\_\_\_\_ No: \_\_\_\_\_ )

Home address: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Treatment History**

**Have you been a resident of the Clayton House program before? Yes: \_\_\_\_\_**

**No: \_\_\_\_\_**

*(If yes, please give dates of residency: \_\_\_\_\_)*

Referring Agency (Please include address and telephone #): \_\_\_\_\_ Counselor: \_\_\_\_\_

Previous Treatments (please include **dates of admission and discharge status**):

1)

2)

3)

**Substance Abuse History**

Please check all problem substances; indicate Drug(s) of Choice "DOC"; please indicate how each substance is used (e.g.; drink, smoke, I.V.); also, please indicate how much, how often, and for how long each substance has been used at the peak of your addiction cycle.

Substance	Date of Last Use	DOC	How used; How much; How often; and For how long
<i>Alcohol</i>			
<i>Marijuana</i>			
<i>Cocaine</i>			
<i>Heroin</i>			
<i>Abused Prescription Medications</i>			
<i>Other</i>			

What is your Longest Period of Abstinence?:

When was your most recent drug screen/urine screen?:

**Psychiatric Treatment History**

*applying clients with dual diagnoses and/or who take psychiatric medications, are not disqualified.*

Have you ever been treated for a psychiatric condition (e.g.; depression, anxiety, bipolar disorder, psychotic behavior, schizophrenia)?

If so, did that condition require hospitalization?

Do you currently take medication?

If "Yes", please indicate what medication is being taken, the dosage, and the prescribing doctor.

Do you think you need to be? (If so, please describe why.)

Have you ever seriously thought of, planned, or attempted suicide?

**Medical/Physical Condition:**

Do you have any medical or physical complications?

Are you currently involved in a methadone maintenance program? Yes \_\_\_ No \_\_\_ (if "Yes" where \_\_\_\_\_)

Are you currently involved in a suboxone maintenance program? Yes \_\_\_ No \_\_\_ (if "Yes" where \_\_\_\_\_)

Have you had a **PPD** (tuberculosis) test done within the past 3 months?: Yes \_\_\_ No \_\_\_

**Employment History/Financial Resources:**

Are you able to hold 40 hours per week of employment?: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the kinds of jobs you have held most.

Are you on Medicaid LIA?: Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please list your case # (which begins with "00"), your case worker, city, and telephone #.

If "no", What is your current source of income?

**Family History**

Family of Origin:

Please list the members of the family in which you grew up, indicating any of whom may have substance abuse problems.

**Family of Procreation:**

Please list any children, spouse, ex-spouse, or significant other in your life currently.

Do you have dependent children? Yes: \_\_\_\_ No: \_\_\_\_

If “yes”, how many dependent children are in your custody?

**Educational History**

Please indicate number of years completed and if degree was attained.

High School/GED:

College/Vocational school/Military:

Graduate School:

**Legal History**

Past Legal Issues:

Please indicate any past charges, convictions, prison sentences, DWI, probation's, paroles, etc.

Current Legal Issues:

Please indicate any current charges, court cases, probation that you are facing presently. Please include name, office, and telephone number of any probation officer following your case.

**Personal Statement**

Briefly explain what you expect to gain from becoming a member of Clayton House.

Briefly explain what you can offer Clayton House and its present group of residents.

**Other comments that you would like to make:**



Clayton House is owned and operated by InterCommunity Inc. (ICRC). ICRC is based in East Hartford, Connecticut at 111 Founders Plaza (06108). The main office telephone is 860-569-5900.

The Clayton House program has been in existence since 1985. It serves up to 15 adult men and women with ages ranging anywhere from 18 years old and up with the average age being about 30.

Length of time for residency at Clayton House can vary up to a maximum treatment stay of 6 months, depending on the needs of the individual.

Clayton House serves all addicted persons alike regardless of the "drug of choice" as well as those who have been diagnosed with a psychiatric condition in addition to a chemical dependency provided the psychiatric condition does not prevent them from obtaining and holding employment.

Clayton House is a "working" half-way house. This means that applying clients must be able and willing to hold 35 hours of employment per week in order to be eligible for the program. New residents have 30 days from the date of their admission to obtain at least 35 hours of employment.

Residents of Clayton House are subject to random urine screens.

Clayton House has an evening therapeutic program which creates the need for clients to obtain jobs with day time hours **only**.

All "residents" are required to be back at the House no later than 5:30 PM each weekday evening.

The therapeutic program consists of a Relapse Prevention group, Group Therapy, Men's and Women's group, Education-Topic group, Community meetings, 12-step meetings, individual counseling sessions, and a monthly Family Education group.

The weekly schedule is as follows: 5:30 PM, all residents are back in the House and eat dinner together....

#### MONDAY

6:15-6:45 PM: Community Meeting

7:00-9:00 PM: Group Therapy

#### TUESDAY

6:15-7:15 PM: Relapse Prevention/  
Loss and Grief Group Therapy

7:30-10:00 P.M. House Activities or Outside  
Recovery meeting

#### WEDNESDAY

6:15-7:15 PM: Education/Leisure Skills Group;  
or Spirituality group

7:30-10:30 PM: Mandatory Outside  
Meeting

#### THURSDAY

6:15-7:15 PM: Men's/Women's Group Therapy  
Aftercare Group (alumni)

7:30-10:00 PM: Free Night

#### FRIDAY

6:15-9:00 PM: 12-Step Meeting;

9:00-12:00 AM: 12-Step Fellowship Time

#### SATURDAY/SUNDAY

9:30-11:30 AM: 12-Step Meeting

7:00-9:30 PM: 12-Step Meeting

Visitors: Visitors are allowed weekdays from 4:00-5:30 PM; weekends from 1:00-9:00 PM.

Pass time: Residents earn increases in weekend pass times by earning their way up to higher levels in the Level System.

Level System: Clayton House employs a system of 5 levels. Residents earn their way up to new levels by demonstrating a focus on recovery, addressing therapeutic issues, and making positive changes for a healthy lifestyle. By reaching higher levels, residents earn privileges of increases in weekend pass time and the freedom to attend 12-step meetings of their choice during weekday evenings.

Residents pay weekly room and board of **\$120.00** and are expected to deposit at least **15% of weekly take home earnings** each week into a joint savings account to which Clayton House will be the trustee.

THE CLAYTON HOUSE PROGRAM IS FOR RECOVERING PEOPLE WHO WANT THERAPY. Applying clients need to be aware that Clayton House is *not* simply a sober living situation, such as an Oxford House. It is a *therapeutic group setting*. This means that clients who apply to the program are those who want an intensive therapeutic experience as part of their recovery process. This program is structured, having 24 hour staffing and house rules (such curfews, daily routines, appropriate behavior, etc.) which create the guidelines toward the healthy lifestyle. Therefore, while the Clayton House is more supportive, it can

be more restrictive than a “sober house” or independent living. The Clayton House program is not intended for people simply in need of housing.

Residents are expected to be willing and to become able to live and interact within a group environment; to communicate openly, directly, and honestly with peers and staff; to seek and accept support and confrontation from this group; and to conscientiously address treatment issues as part of the lifestyle of Clayton House residency.

Clayton House maintains the expectation that residents will demonstrate consistent investments in making changes toward healthy lifestyles involving emotional, mental, physical, and spiritual well-being.

Admission to Clayton House: In order to be considered for admission into the program, clients must complete a Clayton House Application Form and return it along with:

- 1) **a psycho-social assessment,**
- 2) **a medical history,**
- 3) **the negative results of a PPD test (tuberculosis test) done no later than the past 3 months.**

**PLEASE NOTE:**

Applying clients must have a documented period of abstinence from ALL substances AND be free of prescribed medications which are “controlled substances” (potentially addictive).

Clients accepted on to the Clayton House Waiting List are required to call each Monday morning to maintain their wait list status.

Those clients who must find interim housing between an in-patient facility and Clayton House are required to provide proof of abstinence in the form of weekly urine screens. The results of these must be sent to Clayton House upon offer of admission; failure to do so forfeits the admission opportunity.

**DIRECTIONS:**

**From Springfield/Hartford area** - take I-91 south to exit 30; follow Route 2 east to exit 7 (left hand exit) to Route 17 south, immediately take the “New London Turnpike” (left hand) exit; at the stop light turn right onto Williams Street (east); look for big white house on right (# 203).

**From New London area** - take Route 2 west to exit 8; turn left onto Oak Street at top of exit ramp; follow to intersection of New London Turnpike; go directly across intersection to Williams Street (east); look for big white house on right (# 203).

**From Waterbury area** - take I-84 east to I-691 south to I-91 north to exit 25, Route 3 north to Route 2 east; exit 7 (left hand exit) to Route 17 south, immediately take the “New London Turnpike” (left hand exit); at the stop light turn right onto Williams Street (east); look for big white house on right (# 203).

**From New Haven area** - I-91 north to exit 25, Route 3 north to Route 2 east; exit 7 (left hand exit) to Route 17 south, immediately take the “New London Turnpike” (left hand exit); at the stop light turn right onto Williams Street (east); look for big white house on right (# 203).



## The Clayton House

a program of  
InterCommunity, Inc.  
203 Williams Street  
Glastonbury, CT 06033

Telephone: 860-659-0309

FAX: 860-659-1864

**e-mail:**

**[mzito@intercommunityct.org](mailto:mzito@intercommunityct.org)**

The counseling staff:

**Michael C. Zito, MA, LPC**  
Program Director

**James Parlee, CAC**  
Program Lead

**Scott Cargill**  
Residential Counselor

**Michalina Machnio, MA**  
Counselor