New Jersey Department of Human Services

## 2020 JACC CO-PAY WORKSHEET

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Participant: |  | 2. JACC ID No.: |  |
| 3. Care Management Site: |  | 4. Care Manager No.: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Income**(All amounts entered as gross unless otherwise indicated.)** | **Monthly** | **Annual** |
| 5 | Social Security Retirement (Net) |  |  |
| 6 | Social Security Disability (Net) |  |  |
| 7 | Pensions |  |  |
| 8 | Interest Bearing Accounts |  |  |
| 9 | VA Pension (do not include Aid & Assistance) |  |  |
| 10 | Alimony |  |  |
| 11 | Earnings, Salary, Tips |  |  |
| 12 | Worker’s Compensation |  |  |
| 13 | Net Rental Income |  |  |
| 14 | Unemployment Benefits |  |  |
| 15 | Income of Spouse |  |  |
| 16 | Disability Income |  |  |
| 17 | Other Income |  |  |
| 18 | Total |  |  |
|  | **Deductions** |  |  |
| 19 | Supplemental Medical Insurance Premium |  |  |
| 20 | Prescribed Medical Expenses not reimbursed by insurance |  |  |
| 21 | Subtotal deductions or standard deduction of $233 individual, $451 couple |  |  |
| 22 | Income minus deductions |  |  |
| (line 18) |  | **minus** (line 21) |  |  |
|  |
| 23 | Amount of Co-Pay Due |  |  |
| **SIGNATURES:** |
| 24. Participant: |  | Date: |  |
| 25. Care Manager: |  | Date: |  |

|  |  |
| --- | --- |
| **Monthly Income** | **Co-Pay****Amount** |
| **Individual** | **Couple** |
| $0 – 1,414 | $0 – 1,911 | $0.00 |
| $1,415 – 1,861 | $1,912 – 2,514 | $15.00 |
| $1,862 – 2,393 | $2,515 – 3,233 | $30.00 |
| $2,394 – 2,924 | $3,234 – 3,951 | $60.00 |
| $2,925 – 3,456 | $3,952 – 4,669 | $90.00 |
| $3,457 – 3,881 | $4,670 – 5,244 | $120.00 |