New Jersey Department of Human Services 2025 JACC Co-Pay Worksheet

Participant:	_
Care Manager:	

JACC ID No.: _____

Incon	ne	\$ Amount per month	
(all ai	nounts entered as gross unless otherwise indicated)		
1.	Social Security Retirement (net)		
2.	Social Security Disability (net)		
3.	Pension(s)		
4.	Interest Bearing Accounts (amount of interest earned)		
5.	VA Pension (does not include Aid & Attendance)		
6.	Alimony		
7.	Earnings, Salary, Tips		
8.	Workers' Compensation		
9.	Rental Income (net)		
10.	Unemployment Benefits		
11.	Disability Income		
12.	Other Income		
13.	Income of Spouse (includes all types in lines 1-12)		
14.	Total (lines 1-13)		
Dedu	ctions		
	Itemized Deductions		
15.	Supplemental Medical Insurance Premium		
16.	Prescribed Medical Expenses not reimbursed by insurance		
17.	Subtotal itemized deductions		
	or		
	Standard Deduction		
18.	Individual: \$286 Couple: \$554		
Coun	table Income		
19.	Income minus deductions		
	(line 14) minus (EITHER line 17 OR line 18)		
20.	Co-Pay Amount		

SIGNATURES:

Participant: ______

Date: _____

Care Manager:

Date:

	Butc		
Monthly Income		Monthly Co-Pay	
Individual	Couple	Amount	
\$0 - 1,735	\$0 - 2,344	\$0.00	
\$1,736-2,282	\$2,345 - 3,084	\$15.00	
\$2,282 - 2,934	\$3,085– 3,966	\$30.00	
\$2,935 – 3,586	\$3,967 – 4,847	\$60.00	
\$3,587 - 4,239	\$4,848 5,728	\$90.00	
\$4,240 - 4,760	\$5,729 – \$6,433	\$120.00	