

**New Jersey Department of Human Services
2023 JACC Co-Pay Worksheet**

Participant: _____
Care Manager: _____

JACC ID No.: _____

Income (all amounts entered as gross unless otherwise indicated)		\$ Amount per month
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)	
Deductions		
<i>Itemized Deductions</i>		
15.	Supplemental Medical Insurance Premium	
16.	Prescribed Medical Expenses not reimbursed by insurance	
17.	Subtotal itemized deductions	
or		
<i>Standard Deduction</i>		
18.	Individual: \$266 Couple: \$516	
Countable Income		
19.	Income minus deductions (line 14) _____ minus (EITHER line 17 OR line 18) _____	
20.	Co-Pay Amount	

SIGNATURES:

Participant: _____ Date: _____

Care Manager: _____ Date: _____

Monthly Income		Monthly Co-Pay Amount
Individual	Couple	
\$0 – 1,616	\$0 – 2,186	\$0.00
\$1,617 – 2,126	\$2,187 – 2,876	\$15.00
\$2,127 – 2,734	\$2,877 – 3,698	\$30.00
\$2,735 – 3,341	\$3,699 – 4,519	\$60.00
\$3,342 – 3,949	\$4,520 – 5,341	\$90.00
\$3,950 – 4,435	\$5,342 – 5,998	\$120.00