

**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