

**New Jersey Department of Human Services
2016 JACC CO-PAY WORKSHEET**

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

| 5 | Income (All amounts entered as gross unless otherwise indicated.) | Monthly | Annual |
|----|--|----------------|---------------|
| 6 | Social Security Retirement (Net) | | |
| 7 | Social Security Disability (Net) | | |
| 8 | Pensions | | |
| 9 | Interest Bearing Accounts | | |
| 10 | Veteran's Administration Benefits | | |
| 11 | Alimony | | |
| 12 | Earnings, Salary, Tips | | |
| 13 | Worker's Compensation | | |
| 14 | Net Rental Income | | |
| 15 | Unemployment Benefits | | |
| 16 | Income of Spouse | | |
| 17 | Disability Income | | |
| 18 | Other Income | | |
| 19 | Total | | |
| 20 | Deductions | | |
| 21 | Supplemental Medical Insurance Premium | | |
| 22 | Prescribed Medical Expenses not reimbursed by insurance | | |
| 23 | PEP Insurance: Liability and Worker's Comp | | |
| 24 | Subtotal deductions or standard deduction of \$217 individual, \$418 couple | | |
| 25 | Income minus deductions (line 19) _____ minus (line 24) _____ | | |
| 26 | Amount of Co-Pay Due | | |

SIGNATURES:

27. Participant: _____ Date: _____
28. Care Manager: _____ Date: _____

SIX MONTH REVIEW:

29. Participant: _____ Date: _____
30. Care Manager: _____ Date: _____

| Monthly Income | | Co-Pay Amount |
|-----------------|-----------------|---------------|
| Individual | Couple | |
| \$0 – 1,317 | \$0 – 1,776 | \$0.00 |
| \$1,318 – 1,733 | \$1,777 – 2,336 | \$15.00 |
| \$1,734 – 2,228 | \$2,337 – 3,004 | \$30.00 |
| \$2,229 – 2,723 | \$3,005 – 3,671 | \$60.00 |
| \$2,724 – 3,218 | \$3,672 – 4,339 | \$90.00 |
| \$3,219 – 3,614 | \$4,340 – 4,873 | \$120.00 |