

APPLICATION FOR JERSEY ASSISTANCE FOR COMMUNITY CAREGIVING (JACC)
DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) - DIVISION OF AGING AND COMMUNITY SERVICES

1. LAST NAME	2. MAIDEN NAME	3. FIRST NAME	4. MI	5. SEX	6. DOB
7. STREET ADDRESS	8. CITY	9. ST	10. ZIP CODE	11. COUNTY	12. SUBMIT 1 PROOF OF RESIDENCE
13. ARE YOU A FULL-TIME RESIDENT OF NEW JERSEY? YES NO	14. IF NOT, EXPLAIN				
15. SOCIAL SECURITY #	16. SPOUSE'S NAME & SOCIAL SECURITY #	17. ARE YOU A UNITED STATES CITIZEN? YES NO		18. IF NO, SUBMIT PROOF OF QUALIFIED ALIEN STATUS	
19. DO YOU HAVE/HAVE YOU HAD A PAAD CARD? YES NO	20. IF YES, WHAT IS/WAS YOUR PAAD ELIGIBILITY NUMBER?	21. ARE YOU 60 YEARS OF AGE OR OLDER? YES NO		22. SUBMIT 1 PROOF OF AGE	
23. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	24. HAS THIS CHANGED IN THE PAST YEAR? YES NO IF SO, WHEN?	25. DID YOU AND/OR YOUR SPOUSE FILE A FEDERAL, STATE, OR CITY INCOME TAX RETURN LAST YEAR? YES NO		26. IF YES, SUBMIT SIGNED COPIES ALONG WITH ANY SCHEDULES	
27. DO YOU OWN ANY REAL ESTATE (OTHER THAN THE HOME YOU RESIDE IN)? YES NO	28. IF YES, DESCRIBE. GIVE LOCATION AND ESTIMATED EQUITY VALUE				
29. DO YOU HAVE HEALTH INSURANCE COVERAGE IN ADDITION TO MEDI CARE? YES NO	30. IF YES, IDENTIFY THE PLAN OR COMPANY		31. PLEASE INDICATE IF THIS HEALTH INSURANCE IS: <input type="checkbox"/> MAJOR MEDICAL <input type="checkbox"/> MEDI CARE SUPPLEMENT <input type="checkbox"/> OTHER: _____		
32. IF PROVIDED THROUGH AN EMPLOYER, PLEASE IDENTIFY THE EMPLOYER OR UNION.					
33. THE AMOUNT OF YOUR MOST RECENT SOCIAL SECURITY CHECK:			34. THE AMOUNT OF YOUR SPOUSE'S MOST RECENT SOCIAL SECURITY CHECK:		
35. DO YOU OR YOUR SPOUSE RECEIVE A PENSION OR SALARY? YES NO		36. IF YES, LIST THE NAME AND ADDRESS OF THE COMPANY, EMPLOYER, OR UNION.			

37. SOURCES OF INCOME: IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS. LIST YEARLY AMOUNTS	LIST ALL INCOME RECEIVED THE PREVIOUS CALENDAR YEAR*		LIST THAT INCOME ANTICIPATED FOR THE CURRENT CALENDAR YEAR*		*NOTE: DO NOT LEAVE BLANKS. INSERT "0" IF NONE APPLIES. DO NOT LIST CENTS.	
SOURCE	PREVIOUS YEAR ACTUAL		CURRENT YEAR ANTICIPATED		OFFICE USE ONLY	
	YOU	SPOUSE	YOU	SPOUSE	A	S
SOCIAL SECURITY BENEFITS (NET)						
PENSION BENEFITS (SEE QUESTIONS 35&36)						
EARNINGS, SALARIES, TIPS (BEFORE DEDUCTIONS)						
UNEMPLOYMENT BENEFITS						
INTEREST & DIVIDENDS ON ALL ACCOUNTS						
RENTAL INCOME (NET AFTER EXPENSES)						
ALL OTHER INCOME (SPECIFY TYPE)						
TOTAL ANNUAL INCOME						

38. LIQUID RESOURCES: PLEASE LIST AND DESCRIBE ANY LIQUID RESOURCES HELD BY YOU OR YOUR SPOUSE JOINTLY OR INDIVIDUALLY IN YOUR NAME OR IN WHICH YOU HAVE A LEGAL INTEREST. GIVE NAME OF THE RESOURCE AND THE VALUE OF THE RESOURCE.

RESOURCE TYPE	RESOURCE NAME	ACCOUNT NUMBER	PRINCIPAL	PROOF REQ'D
SAVINGS ACCOUNT				
CHECKING ACCOUNT				
CERTIFICATES OF DEPOSIT				
STOCKS				
BONDS				
MUTUAL FUNDS				
MONEY MARKET FUNDS				
TRUSTS				
ANNUITIES				
SAVINGS BONDS				
TREASURY NOTES, BILLS, BONDS				
LIFE INSURANCE POLICY (CASH VALUE)				
OTHER				

39. HAVE YOU TRANSFERRED ANY RESOURCES TO OTHER INDIVIDUALS WITHIN THE PAST THREE YEARS? (PROPERTY, FINANCES, ETC)		
YES NO		
IF YES, LIST DETAILS:		
TYPE OF RESOURCE:	ESTIMATED FAIR MARKET VALUE OF RESOURCE:	DATE OF TRANSFER:
THE FOLLOWING CERTIFICATION MUST BE SIGNED.		
1. I/WE CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.		
2. I/WE WILL NOTIFY JACC IMMEDIATELY OF THE FOLLOWING: ANY INCOME OR RESOURCE INCREASE ABOVE LEGAL LIMITS; A MOVE FROM NEW JERSEY; IF MEDICAID ELIGIBLE; IF DISABILITY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION (SSA) ARE HALTED; OR THE NATURE OF THE DISABILITY CHANGES.		
3. I/WE UNDERSTAND THAT A VISIT BY REPRESENTATIVES OF JACC MAY OCCUR IN ORDER TO VERIFY ELIGIBILITY AND TO DETERMINE AVAILABILITY OF OTHER HOME CARE COVERAGE AND THAT SUCH VISITS ARE ACCEPTABLE.		
4. I/WE AUTHORIZE THE RELEASE OF INFORMATION NECESSARY TO DETERMINE JACC ELIGIBILITY FROM THE RECORDS IN POSSESSION OF THE SSA, INTERNAL REVENUE SERVICE AND THE NEW JERSEY DIVISION OF TAXATION, EMPLOYER, BANKS, AND OTHERS AS THE NEED ARISES.		
5. I/WE ARE AWARE THAT THIS IS A CO-PAY PROGRAM AND NON-PAYMENT SHALL RESULT IN DISENROLLMENT FROM THE PROGRAM. I/WE ARE AWARE THAT IF MY/OUR CO-PAY COUNTABLE INCOME EXCEEDS 365% OF THE FEDERAL POVERTY LEVEL, I/WE WILL BE DISENROLLED FROM THE PROGRAM. I/WE UNDERSTAND THAT CO-PAY COLLECTION WILL NOT BEGIN UNTIL THE MONTH FOLLOWING FINAL DETERMINATION OF ELIGIBILITY.		
6. I/WE REQUEST TO BE DETERMINED PRESUMPTIVELY ELIGIBLE FOR JACC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO I/WE UNDERSTAND THIS MEANS THAT I/WE WILL RECEIVE BENEFITS PENDING A FINAL DETERMINATION OF ELIGIBILITY. I/WE UNDERSTAND THAT A FINAL DETERMINATION WILL BE MADE UPON SUBMISSION OF ANY DOCUMENTATION REQUIRED AS NOTED ON PAGE 4 OF THIS APPLICATION. I AGREE TO SUPPLY THE DOCUMENTATION WITHIN 14 DAYS OF THIS APPLICATION DATE. BASED ON ITS FORMAL REVIEW, THE DHSS MAY REQUIRE ADDITIONAL INFORMATION OR DOCUMENTATION, AND I/WE AGREE TO SUPPLY ANY ADDITIONAL REQUESTED INFORMATION WITHIN THE TIMEFRAMES REQUIRED. I/WE UNDERSTAND THAT IF ANY REQUIRED DOCUMENTATION IS NOT SUPPLIED WITHIN THE REQUIRED TIME FRAME, THE APPLICATION WILL BE AUTOMATICALLY WITHDRAWN AND BENEFITS DISCONTINUED. IF FOUND INELIGIBLE, I/WE UNDERSTAND THAT BENEFITS RECEIVED IN THE JACC PROGRAM WILL BE DISCONTINUED AND I/WE WILL BE DISENROLLED FROM THE PROGRAM. I/WE AGREE TO BE BOUND BY THE TERMS OF THE PARTICIPANT ENROLLMENT AGREEMENT DURING THE PRESUMPTIVE ELIGIBILITY PERIOD AND IF FOUND ELIGIBLE, THROUGHOUT THE DURATION OF THE ENROLLMENT PROGRAM.		
SIGNATURE OF APPLICANT		DATE
SIGNATURE OF SPOUSE		DATE
APPLICANT TELEPHONE NUMBER	()	
SIGNATURE OF PREPARER		Telephone ()
PERSON TO CONTACT FOR QUESTIONS		Telephone ()

**EXAMPLES OF PROOF OF RESIDENCE
(PROVIDE 1):**

Driver's License
Social Security Form #2458 or Third Party Query Form (TPQY)
Landlord's rent records and receipts
Public utility records and receipts - e.g. phone bill, electric bill, etc.
Personal property assessment records
Bills of business or professional people - e.g. doctors, department stores, etc.
Post office records
Records of social agencies, public or private
Employment records

NOTE: Seasonal or temporary residence in New Jersey of whatever duration does not constitute residence. The residency requirement states that you must be a resident of New Jersey at least 30 days prior to the date of the application.

SAMPLES OF "OTHER" INCOME:

Retirement benefits/Annuities
Disability Benefits
Realized capital gains
Royalties
Alimony payments
Business income (net)
Worker's Compensation
Inheritance
Death benefits received (net)
Income from awards, prizes, gaming

**EXAMPLES OF PROOF OF AGE
(PROVIDE 1):**

Birth Certificate
Baptismal certificate
Railroad retirement letter
Bris Certificate
Social Security Form #2458 or Third Party Query Form (TPQY)
Insurance policy
Driver's License
School Record
State or federal census record
Bible or other family record
Church record of baptism
Confirmation certificate
Marriage record
Employment record
Union record
Voting record
Passport