

Medically Needy Program:

Note: Please call 973-326-7800 for information on income spend-down for this program

| Budget Unit | Monthly Income | Maximum Assets |
|-------------|----------------|----------------|
| 1 | \$367 | Under \$4,000 |
| 2 | \$434 | Under \$6,000 |
| 3 | \$567 | Under \$6,100 |
| 4 | \$659 | Under \$6,200 |



2017 Morris County Board of Chosen Freeholders

Director, Douglas R. Cabana
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 Christine Myers
 Deborah Smith

Division of Community Assistance and Resources
Office of Temporary Assistance
Veterans Services
Office of Aging, Disabilities and Community Programming
 340 West Hanover Ave.
 Morristown, NJ 07960
 Phone: 973-326-7800
 Toll free: 1-877-589-2556
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www.MorrisHumanServices.org

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 2017

Income Criteria

Note: Since many of these income levels are revised annually but not always during the same month, please check the effective dates to make sure you are looking at the most recent. If you are close to these levels, please call the office to find out if you are eligible.

SNAP Monthly Income Levels: *Effective 10/01/16*

| Family Size | Gross Monthly Income *185 % |
|-------------|--------------------------------|
| 1 | \$1,832 |
| 2 | \$2,470 |
| 3 | \$3,108 |
| 4 | \$3,747 |

***If there is an elderly or disabled person in the household AND their income exceeds 185% but their resources are less than \$3,250 there may be food stamp eligibility.**

Managed Long Term Supportive Services Monthly Income Levels: Effective 01/01/15

| Living Situation | Single | Couple |
|-------------------------------------|------------|------------|
| Residential Health Care Facility | \$ 943.05 | \$1,838.36 |
| Living Alone or With Others | \$ 764.25 | \$1,125.36 |
| Living Alone with Ineligible Spouse | | \$1,125.36 |
| Living In Household of Another | \$ 532.98 | \$ 826.43 |
| Title XIX Approved Facility | \$2,199.00 | |

- In institutional cases if there is a community spouse, resources are \$23,844.00 or half of couple's combined countable resources, not to exceed \$119,220.00

New Jersey Care Special Medicaid Program Monthly Income Levels: *Effective 01/01/16*

| Family Size | Pregnant Women |
|-------------|----------------|
| | 205% |
| 1 | \$2,030 |
| 2 | \$2,737 |
| 3 | \$3,444 |
| 4 | \$4,152 |

| Aged, Blind, and Disabled Family Size | Maximum Monthly Income | Maximum Resources |
|---------------------------------------|------------------------|-------------------|
| 1 | \$ 990 | \$4,000 |
| 2 | \$1,335 | \$6,000 |

New Jersey Family Care/New Jersey KidCare Monthly Income Levels: *Effective 01/01/16*

| Family Size | Up to 138% of Poverty Level | Up to 150% of Poverty Level | Up to 355% of Poverty Level * |
|-------------|-----------------------------|-----------------------------|-------------------------------|
| 1 | \$1,367 | \$1,485 | \$3,515 |
| 2 | \$1,843 | \$2,003 | \$4,740 |
| 3 | \$2,319 | \$2,520 | \$5,964 |
| 4 | \$2,793 | \$3,083 | \$7,189 |

*Apply at State

Specified Low Income Medicare Beneficiaries (SLMB):

Monthly income of \$1,208 for 1; \$1,622 for 2
 Assets: Single—\$7,280; couple—\$10,930.

Call PAAD 1-800-792-9745.

Community Care Program for Elderly and Disabled (CCPED) - *Effective 01/01/14*

Monthly Income Level: \$2,199 for one person
 Resources: \$2,000

Home and Community-Based Services Programs (HCBS): *Effective 01/01/14*

Monthly Income Level: \$2,199 for one person
 Resources: \$2,000

Temporary Assistance for Needy Families Monthly Income Levels:

| Number in Eligible Unit | Max. Gross Income Limit |
|-------------------------|-------------------------|
| 1 | \$243 |
| 2 | \$483 |
| 3 | \$636 |
| 4 | \$732 |

Resource limit is \$2,000.

General Assistance Monthly Income Levels:

| Number in Eligible Unit | Initial Max. Income Limit Employable/Unemployable |
|-------------------------|--|
| 1 | \$210/\$210 |
| 2 | \$290/\$289 |