

## COUNTY OF BERGEN DEPARTMENT OF HUMAN SERVICES DIVISION OF SENIOR SERVICES/ADRC

One Bergen County Plaza, 2nd Floor Hackensack, NJ 07601 (201) 336-7400 • seniors@co.bergen.nj.us

James J. Tedesco III Bergen County Executive Melissa DeBartolo, Esq. Department Director

> Lorraine Joewono Division Director

#### Quick Guide to State, Federal and County Programs for Older Adults March 2025

#### PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED (PAAD)

| WHAT IT DOES                           | ELIGIBILITY REQUIREMENTS                       | HOW TO APPLY                                   | COMMENTS                                    |
|--|--|--|---|
| Prescription drug co-pay is \$5.00 for | Must be NJ resident for at least 30            | Online application:                            | Some programs, including PAAD and Lifeline, |
| generic drug & \$7.00 for brand        | days. Must be 65 or older OR receiving         | https://nj-dhsas.my.site.com/njsave/quickstart | offer discounts on motor vehicle fees and   |
| name drug. Medicare beneficiaries      | Social Security Disability.                    | DAAD 4 800 700 0745                            | spaying/neutering                           |
| must also enroll in a Medicare Part D  |  | PAAD 1-800-792-9745                            |   |
| drug plan with monthly premium not     | Gross annual income limit is <b>less</b> than: | www.aging.nj.gov                               | Low-Cost Spaying/Neutering:                 |
| above the regional benchmark.          |  | Mail paper applications to:                    | https://www.nj.gov/health/vph/pop-control/  |
| Medicare Advantage participants        | <u>Single</u> : \$53,446 (\$4,454 month)       | PAAD   |   |
| must add prescription to their         | <u>Married</u> : \$60,690 (\$5,058 month)      | Revenue Processing Center                      | Reduced Motor Vehicle Fees:                 |
| coverage. PAAD pays up to the          |  | PO Box 637                                     | https://www.nj.gov/mvc/vehicles/regfees.htm |
| regional benchmark amount.             |  | Trenton, NJ 08646-0637                         |   |

### SENIOR GOLD PRESCRIPTION DISCOUNT PROGRAM

| WHAT IT DOES   | ELIGIBILITY REQUIREMENTS  | HOW TO APPLY   | COMMENTS   |
|--|---|--|--|
| Prescription drug co-pay is \$15 plus<br>50% of the remaining cost of the<br>prescription drug. Medicare<br>beneficiaries must enroll in a<br>Medicare Part D or Medicare<br>Advantage with prescription<br>coverage. Senior Gold <u>does not</u> pay<br>for Medicare Part D or MA-PD costs. | Must be a NJ resident for at least 30<br>days, 65 years or older OR receiving<br>SSD.<br>Gross annual income <b>between</b> :<br><u>Single</u> : \$53,446 and \$63,446<br>(\$4,454 - \$5,287month)<br><u>Married</u> : \$60,690 and \$70,690<br>(\$5,058 - \$5,891 month) | Online application:<br>https://nj-dhsas.my.site.com/njsave/quickstart<br>PAAD 1-800-792-9745<br>www.aging.nj.gov<br>Mail paper applications to:<br>Revenue Processing Center<br>PO Box 637<br>Trenton, NJ 08646-0637 | Pay a flat co-pay of \$15 after reaching a<br>catastrophic cap (maximum out-of-pocket):<br><u>Single</u> : \$2,000<br><u>Married</u> : \$3,000 |

H:/M.George/ADRC/QG/3-2025 \*NOTE: Gross income includes Social Security & other monthly income. Resources may include bank accounts, retirement accounts, stocks, and anything else that can be easily converted to cash.

| WHAT IT DOES   | ELIGIBILITY REQUIREMENTS   | HOW TO APPLY  | COMMENTS   |
|--|--|---|--|
| Medicare Part D Stand-Alone<br>Prescription Drug Coverage is<br>optional prescription drug coverage<br>that works with Original Medicare<br>(Parts A and B). It is offered by<br>private insurance companies, and<br>you pay a monthly premium, copays,<br>and an annual deductible. | Must be enrolled in Medicare Part A or<br>Part B. If you don't enroll in Medicare<br>Part D when first eligible, you may face<br>a late enrollment penalty unless you<br>already have creditable prescription<br>drug coverage.<br>Dual eligible beneficiaries (Medicare<br>and Medicaid), and PAAD participants<br>are eligible for the premium-free<br>benchmark plans. These plans will not<br>charge a late enrollment penalty. This<br>also includes coverage for the gap<br>limits, deductible, and other plan<br>benefits.<br>Regional benchmark premium for<br>Medicare Part D plans is \$56.86<br>Medicare Part D deductible: \$590/yr. | The Annual Open Enrollment Period for<br>Medicare Part D is from Oct.15 -Dec 17<br>each year. During this time, you can<br>review, change, or enroll in a new Part D<br>plan. Medicare Part D plans run on a<br>calendar year.<br>There is a (SEP) Special Enrollment<br>Period to switch to a stand-alone Part D<br>plans earlier if you have Medicaid,<br>Medicare Savings Program or Extra Help<br>and in certain circumstances.<br>Verify if your current prescription drug<br>coverage is creditable before enrolling in<br>a Part D plan. If you have a Medicare<br>Advantage Plan (MA) with drug coverage,<br>you should not enroll in a stand-alone<br>Part D plan. | The Coverage Gap, also known as the "donut<br>hole," is eliminated for 2025. After meeting your<br>deductible, your plan will cover about 75% of<br>the retail price of the drug. Once your out-of-<br>pocket costs reach \$2,000, you will enter<br>catastrophic coverage. In this phase, you will<br>pay \$0 for covered drugs, and the plan will pay<br>100% of the costs for the rest of the year.<br>Medicare Prescription Payment Plan (MPPP)<br>offers an option to sign up for a payment plan<br>for Part D out-of-pocket costs. The plan sends<br>monthly bills for the cost share with no fees or<br>interest.<br>State Health Insurance Assistance Program<br>(SHIP): 201-336-7413<br>Medicare: 1-800-MEDICARE (1-800-633-4227)<br>www.medicare.gov |

## MEDICARE PRESCRIPTION DRUG BENEFIT

### MEDICARE COSTS

| WHAT IT DOES   | ELIGIBILITY REQUIREMENTS  | PART A COSTS  | PART B COSTS/COMMENTS   |
|--|---|---|---|
| Medicare Part A: Hospital insurance<br>helps pay for inpatient hospital care<br>and certain follow-up services<br>Medicare Part B: Medical insurance<br>helps pay for physician services,<br>outpatient hospital care and other<br>medical services<br>Medicare Part C: Medicare | Medicare is a federal health insurance<br>program for people 65 and older, as<br>well as certain younger individuals with<br>disabilities or end-stage renal disease.<br>Eligibility is based on Social Security<br>benefits on own or spouse's<br>employment. It typically covers 80% of<br>approved medical costs after | Part A Hospital Deductibles and<br>Co-Payment per benefit period:<br>\$1,676 deductible<br>1-60 days \$0<br>61-90 days \$419 per day<br>91-150 is \$838 per day<br>Part A Co-pay in Skilled Nursing Facility: | Part B Medical Insurance:Standard monthly premium \$185.00Part B premiums are higher based on incomerelated monthly-adjusted amount (IRMAA).Part B annual deductible: \$257.00Medicare Rights Center (appeals): |
| Advantage Plans, HMO's, PPO's<br>All Medicare covered health care<br>services through a provider network<br>plan.  | deductible and other expenses.  | Part A monthly premium:<br>40 or more quarters: \$0<br>30-39 quarters: \$285/month<br><30 quarters: \$518/month   | <u>Senior Medicare Patrol (SMP)</u> : Report Medicare fraud, such as unsolicited calls from anyone that claims to be from Medicare 1-877-767-4359 www.smpresource.org   |

#### MEDICARE SAVING PROGRAMS (QMB-Only, SLMB, SLMB-QI-1)

### QUALIFIED MEDICARE BENEFICIARY (QMB-ONLY)

| WHAT IT DOES  | ELIGIBILITY REQUIREMENTS  | HOW TO APPLY   | COMMENTS   |
|---|---|--|--|
| Pays for Medicare Part A & B<br>premiums, deductibles, coinsurance,<br>and copayments, Part D & Medicare<br>Advantage plan drug premium up to<br>benchmark amount \$56.86 | <u>Single:</u> \$1,325/mo.<br><u>Married</u> : \$1,783/mo.<br><u>QMB-Only</u> Resources:<br>Single: \$9,660 Married: \$14,470<br><u>QMB-Plus</u> Resources:<br>Single: \$4,000 Married: \$6,000 | QMB Only:Apply online:<br>https://nj-dhsas.my.site.com/njsave/quickstartDivision of Aging Services:<br>1-800-792-9745QMB Plus:Medicaid ABD application or<br>contact Board of Social Services:<br>201-368-4200 | <u>QMB income disregard</u> : Add \$20/month OR<br>\$240/annual to 100% FPL (Federal Poverty<br>Level) |

### SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) & (SLMB QI-1)

| WHAT IT DOES                       | ELIGIBILITY REQUIREMENTS          | HOW TO APPLY                                   | COMMENTS   |
|------------------------------------|-----------------------------------|--|--|
| <u>SLMB</u>                        |                                   |  | SLMB income is between                             |
| Pays for Medicare Part B premium,  | Single: Income between:           |  | 100% to 120% FPL + income disregard.               |
| Part D and Medicare Advantage plan | \$1,325/mo. AND \$1,585/mo.       |  |  |
| drug premium up to benchmark       | Married: Income between:          |  | SLMB income disregard: Add \$20/month OR           |
| amount \$56.86                     | \$1,783/mo. AND \$2,135/mo.       | Division of Aging Services                     | \$240/annual to 120% FPL (Federal Poverty          |
|                                    |                                   | 1-800-792-9745                                 | Level)   |
|                                    | Resources:                        |  |  |
|                                    | Single: \$9,660 Married: \$14,470 |  |  |
|                                    |                                   | Apply online for SLMB:                         |  |
|                                    |                                   | https://nj-dhsas.my.site.com/njsave/quickstart |  |
| SLMB-QI-1                          |                                   |  | SLMB-QI-1 income is between                        |
| Pays for Medicare Part B premium,  | Single: Income between:           |  | 120% to 135% FPL + income disregard                |
| Part D and Medicare Advantage plan | \$1,585/mo. AND \$1,781/mo.       |  | _  |
| drug premium up to benchmark       | Married: Income between:          |  |  |
| amount \$56.86                     | \$2,135/mo. AND \$2,400/mo.       |  | <u>SLMB-QI-1 income disregard</u> : Add \$20/month |
|                                    |                                   |  | OR \$240/annual to 135% FPL (Federal Poverty       |
|                                    | Resources:                        |  | Level)   |
|                                    | Single: \$9,660 Married: \$14,470 |  |  |
|                                    |                                   |  |  |

### SOCIAL SECURITY

| WHAT IT DOES                         | ELIGIBILITY REQUIREMENTS  | HOW TO APPLY                             | COMMENTS  |
|--------------------------------------|---|--|---|
| Social Security is a federal program | Payment is based on how much you  | Apply for retirement benefits online     | Access online services by creating a my Social                        |
| that is a source of income based on  | earned throughout your working  | www.ssa.gov or in person at local Social | Security Account:   |
| percentage of lifetime earnings. It  | career. Most people need 40 credits or  | Security office.                         |   |
| also provides disability income to   | 10 years of work, to qualify for  |  | Social Security benefit verification letter                           |
| qualified individuals (SSDI) and     | benefits. You can receive Social  | Social Security Administration           | <ul> <li>Request replacement Social Security</li> </ul>               |
| benefit payments to surviving        | Security retirement benefits as early   | Continental Plaza                        | card and Medicare card  |
| spouse and children.                 | as age 62 with a reduced benefit.   | 401 Hackensack Ave, 2FL                  | <ul> <li>Change of address</li> </ul>                                 |
|                                      | Full retirement age is 67 for those born in 1960 or later. Delayed retirement | Hackensack, NJ 07601                     | <ul> <li>Estimate your personalized retirement<br/>benefit</li> </ul> |
|                                      | credit will increase up to age 70.  | Office Hours: Mon-Fri. 9-4PM             | Set up or change direct deposit                                       |
|                                      |   | 1-866-964-4680                           | • Set up of change direct deposit                                     |
|                                      |   |  | And more  |
|                                      |   | Social Security hotline:                 |   |
|                                      |   | 1-800-772-1213                           | In year 2025, the Cost-of-Living Adjustment                           |
|                                      |   | TTY 1-800-325-0778                       | (COLA) is a 2.5 % increase in benefit.                                |
|                                      |   | Hours: MonFri. 7AM-7PM                   |   |

## SUPPLEMENTAL SECURITY INCOME (SSI)

| WHAT IT DOES  | PAYMENT  | HOW TO APPLY  | COMMENTS  |
|---|--|---|---|
| Provides payments to persons who<br>have limited income and resources<br>and are 65 or older, blind or<br>disabled. Must be citizen or meet<br>non-citizen requirements. Payments<br>are determined by income, living<br>situation, things you own, and other<br>factors such as support from other<br>household members. | The payment below is a combined<br>Federal and State maximum payment<br>that is based on an individual or a<br>married couple living alone or with<br>others in own household.<br>Single: \$988.25/month<br>Married: \$1,475.35/month<br>Resources must be less than:<br>Single: \$2,000<br>Married: \$3,000 | Social Security Administration<br>Continental Plaza<br>401 Hackensack Ave, 2FL<br>Hackensack, NJ 07601<br>Office Hours: Mon-Fri. 9-4PM<br>1-866-964-4680<br>www.ssa.gov<br>Social Security hotline:<br>1-800-772-1213<br>TTY 1-800-325-0778<br>Hours: MonFri. 7AM-7PM | The amount of countable income determines<br>monthly payment amount (certain exclusions<br>are applied).<br>There are resources that are also excluded such<br>as home that one resides in, one vehicle per<br>household, life insurance policies with a face<br>value of \$1,500 or less, burial funds that are<br>valued at \$1,500 or less. Other resource<br>exclusions may also be considered. |

## HEARING AID ASSISTANCE TO THE AGED AND DISABLED (HAAAD)

| WHAT IT DOES   | ELIGIBILITY<br>REQUIREMENTS   | HOW TO APPLY   | COMMENTS   |
|--|---|--|--|
| Reimbursement towards<br>custom fitted ear level or<br>body worn electronic<br>device to enhance<br>communication.<br>Reimbursement of<br>\$500.00 towards the<br>purchase of a hearing<br>aid or \$1,000 for two<br>hearing aids. Cost of the<br>hearing aid(s) must be<br>equal to or greater than<br>the reimbursement<br>amount. | Age 65+ OR receiving<br>Social Security Disability.<br>Gross income limits are<br>less than:<br><u>Single</u> : \$53,446 (\$4,454<br>month)<br><u>Married</u> : \$60,690<br>(\$5,058 month) | If currently enrolled in PAAD or Lifeline then complete a<br>HAAAD application and submit a hearing aid receipt and<br>a physician statement for medical necessity.<br>If <u>NOT</u> enrolled in PAAD or Lifeline, then verify eligibility<br>by completing a NJ SAVE application.<br>https://www.nj.gov/humanservices/ddhh/services/hearingaid/haaad/ | Hearing aid receipt should be dated on or after approval<br>for PAAD/Lifeline.<br>Medicaid recipients and individuals with full hearing aid<br>coverage through health insurance or retirement benefits<br>are <u>not</u> eligible. Individuals with partial coverage can<br>receive supplementary payment.<br>HAAAD<br>PO BOX 715<br>Trenton, NJ 08625-0715<br>1-800-792-9745 |

#### HEARING AID PROJECT

| WHAT IT DOES                  | ELIGIBILITY<br>REQUIREMENTS   | HOW TO APPLY  | COMMENTS   |
|-------------------------------|---|---|--|
| Free refurbished hearing aids | Age 65+ or have a hearing loss and are disabled   | Division of the Deaf and Hard of Hearing<br>PO Box 074  | Applications available online:<br>https://www.ni.gov/humanservices/ddhh/services/hearingaid/project/ |
|                               | receiving Social Security<br>Disability Income SSD  | Trenton, NJ 08625-0074  | NJHAP application Form A (enrolled in PAAD)  |
|                               | Gross income limits are<br>less than:<br><u>Single</u> : \$53,446 (\$4,454<br>month)<br><u>Married</u> : \$60,690<br>(\$5,058 month | 800-792-8339 Toll Free in NJ<br>609-588-2648<br>609-503-4862 Videophone<br>609-588-2528 Fax<br>DDHH.communications2@dhs.state.nj.us | NJHAP application Form B (not enrolled in PAAD)  |

## NJ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (FOOD STAMPS)

| WHAT IT DOES                          | ELIGIBILITY REQUIREMENTS                        | HOW TO APPLY                             | COMMENTS  |
|---------------------------------------|---|--|---|
| Provides supplemental food            | October 2024 to September 2025                  | Apply online: www.mynjhelps.gov/home     | Once application is submitted then an eligibility |
| allowance. Food stamps is used to     | Household size:                                 |  | interview is typically completed over the phone.  |
| purchase food at authorized retail    | (1) \$2,322/month                               | Printable application available online:  |   |
| stores. Families First Electronic     | (2) \$3,152/month                               | https://bcbss.com/snap-food-stamps/      | Contact BL unit: New and ongoing SNAP             |
| Benefits Transfer card (EBT card) are |   |  | applications for GA/SNAP clients over 60,         |
| issued to recipients, which works     | Resources may count to determine                | Apply in person:                         | 201-368-4340                                      |
| similar to a debit card.              | eligibility in <u>certain cases</u> . Countable | Board of Social Services                 | Fax: 201-368-4337                                 |
|                                       | resource limits for 60 years of age and         | 218 Route 17 N.                          | <u>bl@bcbss.com</u>                               |
|                                       | older is \$4,500.                               | Rochelle Park, New Jersey 07662          |   |
|                                       |   | Tel: 201-368-4200                        | Forms to report changes in circumstance:          |
|                                       | Elderly or disabled member may be               | Hours: M-Fri. 8 am to 4:30               | https://bcbss.com/report-change/                  |
|                                       | eligible for Food Stamps even if the            |  |   |
|                                       | gross monthly income exceeds the                | Contact SNAP Navigators to receive       |   |
|                                       | income eligibility because medical and          | assistance with the application process: | The minimum monthly SNAP benefit in New           |
|                                       | shelter deductibles are applied.                | Community Food Bank of NJ                | Jersey is \$95. National Public Health Emergency  |
|                                       | Medical expenses over \$35 per month            | 1-908-838-4831                           | (PHE) expired on May 11, 2023.                    |
|                                       | is deducted from income. You can own            | SNAPOutreach@cfbnj.org                   |   |
|                                       | a home and qualify. Retirement and              |  | New Jersey EBT hotline: 1-800-997-3333            |
|                                       | pension funds are not counted                   |  |   |
|                                       | depending on withdrawal activity.               |  |   |
|                                       | Licensed vehicles may count as a                |  |   |
|                                       | resource unless used under certain              |  |   |
|                                       | exclusions and may be subject to an             |  |   |
|                                       | equity test.                                    |  |   |

## LIFELINE UTILITY ASSISTANCE PROGRAM

| WHAT IT DOES                      | ELIGIBILITY REQUIREMENTS                  | HOW TO APPLY                                   | COMMENTS  |
|-----------------------------------|---|--|---|
| Annual credit of \$225 on gas and | Must be 65 or older OR receiving          | Online application:                            | <i>Tenants Lifeline Assistance Program</i> : Eligible                                   |
| electric bill.                    | Social Security Disability.               | https://nj-dhsas.my.site.com/njsave/quickstart | tenants receive a \$225 credit by check if  |
|                                   | Gross annual income limit is less than    | Printable applications available online        | utilities are included in their rent.   |
|                                   | Single:\$53,446 (\$4,454 month)           | www.aging.nj.gov                               | Special Utility Supplement: SSI recipients  |
|                                   | <u>Married</u> : \$60,690 (\$5,058 month) | PAAD/Lifeline: 1-800-792-9745                  | receive a supplement of up to \$18.75/month that is automatically included in their SSI |
|                                   |   | Or call Division of Senior                     | checks. SSI recipients should <u>not</u> file an  |
|                                   |   | Services/ADRC: 201- 336-7400                   | application.  |

### LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

| WHAT IT DOES  | ELIGIBILITY REQUIREMENTS                        | HOW TO APPLY   | COMMENTS   |
|---|---|--|--|
| Universal Service Fund (USF)                                  | Heating, Cooling, Winter Termination,           | In-person application assistance OR  | PSE&G Customer Service Center                            |
| Receive monthly credits on utility bill                       | Weatherization and Universal Service            | place in drop box:   | 214 Hudson Street  |
| for gas & electric which is based on                          | Fund:   | (First come, first serve basis)  | Hackensack   |
| household income and consumption.                             | Gross income limits for a household             | Mon. Wed. Thurs. 9-3pm   | 1-800-436-7734   |
| USF applications are accepted all                             | size:   | 294 Union Street, Hackensack   |  |
| year. If eligible, there is an automatic                      | (1) \$47,896 yr. (\$3,991/mo.)                  | *Not wheelchair-accessible   | PSE&G Collection Department:                             |
| enrollment by utility company for the                         | (2) \$62,633 yr. (\$5,219/mo.)                  |  | 1-800-357-2262   |
| Fresh Start Program. Fresh start                              |   | Email: LIHEAP@greaterbergen.org  |  |
| provides additional assistance and                            |   |  | NJ Board of Public Utilities                             |
| forgiveness for overdue balances of                           | <ul> <li>The application period is</li> </ul>   | <u>Fax</u> : 201-342-7452  | 44 S. Clinton Avenue                                     |
| \$60 or more. USF recipients will only                        | based on a first come first                     |  | Trenton, NJ 08625  |
| be eligible for the Fresh Start                               | serve basis from October 1,                     | <u>Mail</u> :  | (800) 624-0241   |
| Program once every five years.                                | 2024 to June 30, 2025.                          | Greater Bergen LIHEAP  | www.nj.gov/bpu/  |
|   | <ul> <li>Entire household is counted</li> </ul> | 294 Union Street   |  |
| Heating:  | for all programs.                               | Hackensack, NJ 07601   | <u>GBCA Headquarters</u> :                               |
| Must be responsible for directly                              | <ul> <li>Those who live in public</li> </ul>    |  | 392 Main Street,   |
| paying your own heat. This also                               | housing and/or receive rental                   | Greater Bergen Community Action:   | Hackensack, NJ 07601                                     |
| applies to heat included in rent.                             | assistance are not eligible for                 | 201-488-5100, Ext. 2   | 201-968-0200   |
|   | assistance unless they pay for                  | December of a section of   | Email: info@greaterbergen.org                            |
| Cooling   | their own heating costs                         | Download applications:   |  |
| Benefit is \$300 and applicant must                           | directly to the fuel supplier.                  | https://www.greaterbergen.org/liheap   | Weatherization Assistance:                               |
| have a medical condition that                                 |   |  | 61 Voorhis Lane  |
| requires the use of any cooling                               | LIHEAP FFY 2025 has a reduction in              | Homebound seniors or disabled  | Hackensack, NJ 07601                                     |
| device.   | federal funding:                                |  | (973) 910-2500, Ext. 7122 or 7011<br>201-488-5100, Ext 5 |
|   | Maximum cooling assistance                      | individuals can call to arrange visit from an outreach representative to assist with | Email: www.GreaterBergen.org                             |
| Weatherization:   | is \$300  | application. Have required documents   | Ennan. www.Greaterbergen.org                             |
| The weatherization program provides                           | <ul> <li>Maximum heating emergency</li> </ul>   | ready for representatives when they  | Lead Safe Home   |
| savings through home energy                                   | assistance is \$800                             | arrive.  | 201-488-5100, Ext. 6                                     |
| efficiency assessment and upgrades.                           | Maximum emergency                               |  | 201-+00-5100, Ext. 0                                     |
| Customers may receive energy smart                            | assistance for non-heating                      |  | Winter Termination: November 15 to March 15              |
| products, insulation upgrades in                              | electric accounts is \$300                      |  | Contact utility company and request WTP                  |
| walls, ceilings, attics and air sealing of windows and doors. |   |  | protection.  |
| or windows and doors.   |   |  |  |

### COMFORT PARTNERS

| WHAT IT DOES                          | ELIGIBILITY REQUIREMENTS            | HOW TO APPLY                         | COMMENTS   |
|---------------------------------------|-------------------------------------|--------------------------------------|--|
| Energy conservation program to        | Household income limits:            | Call 1-866-378-4345 or visit online: | Energy efficiency upgrades: water saving           |
| lower natural gas & electric bills    | (1) \$39,125/yr. (\$3,260/mo.)      | www.njcleanenergy.com/cp             | devices, light bulbs, pipe insulation, insulation, |
| through energy education and          | (2) \$52,875/yr. (\$4,406/mo.)      |                                      | weather-stripping, caulking, appliances, water     |
| installation of energy saving home    |                                     |                                      | heaters and heating and cooling equipment.         |
| improvements.                         | Households that do not meet income  |                                      | Health & Safety: Carbon monoxide and smoke         |
| Program representatives will work     | guidelines can also apply if they   |                                      | detectors, mold and moisture remediation,          |
| with each household to evaluate       | receive benefits from the following |                                      | minor roof repairs, plumbing and dryer venting,    |
| current level of energy efficiency to | programs: LIHEAP, Lifeline, PAAD,   |                                      | gas leak repair                                    |
| reduce household energy               | Section 8 Housing, SSI, TANF, USF,  |                                      |  |
| consumption.                          | Medicaid, SNAP (Food Stamps) or GA. |                                      |  |

### NJ SHARES

| WHAT IT DOES   | ELIGIBILITY REQUIREMENTS  | HOW TO APPLY  | COMMENTS   |
|--|---|---|--|
| Financial assistance during unexpected circumstances and                   | NJBPU PAGE & NJ SHARES SMART<br>UTILITY   | Apply online: <u>http://www.njshares.org</u>                          | Applicants must demonstrate a temporary financial need and a history of good-faith   |
| temporary financial crisis. Programs<br>assist with energy (gas/electric), | Income limits for <u>household</u> size:<br>1-\$6,652/mo.   | Call: 1-866-657-4273  | payments. A "good faith" payment of up to \$100<br>may be required within 90 days prior to   |
| sewer, water, and telephone (Verizon<br>NJ Communications Lifeline         | 2-\$8,699/mo.<br><u>NJ SHARES Energy Assistance Grant</u><br>Income limits:<br>1-\$5,217/mo.<br>2-\$7,050/mo. | Paper applications and required documentation can be sent as follows: | applying. Households receiving other benefit<br>programs (LIHEAP/USF) and still need assistance  |
| Program).  |   | Email: info@sharesnation.org  | may qualify. Those who are over-income for<br>LIHEAP/USF, may be eligible for NJ SHARES<br>Energy Assistance. Applications are accepted          |
|  |   | Fax: 609-883-6364   | year-round (while funds are available).  |
|  |   | Mail: 203 Main Street, Ste. B, PMB<br>#396, Flemington, NJ 08822      | Check website for notice of when the <i>NJ SMART</i><br><i>Program</i> (mortgage assistance, rent, taxes) will<br>resume accepting applications. |

### LIFELINE (PHONE)

| WHAT IT DOES   | ELIGIBILITY REQUIREMENTS  | HOW TO APPLY  | COMMENTS   |
|--|---|---|--|
| Free smartphone and wireless<br>phone service (free data, free<br>monthly minutes and unlimited<br>texting). | Eligibility based on <u>household</u> income<br>below 135% FPL OR if enrolled in<br>programs below:<br>1-\$21,127/yr. (\$1,760/mo.)   | Apply online through the following providers:<br>Assurance Wireless | To inquire about other phone discounts call:<br>NJ SHARES:<br>1-866-657-4273 |
|  | 2-\$28,552/yr. (\$2,379/mo.)<br>Receive benefits from one of these<br>programs: Medicaid, SNAP (Food<br>Stamps), SSI, Federal Public Housing,<br>Veterans Pension and Survivor's<br>benefit, tribal specific programs | 1-888-321-5880<br><u>Safe link Wireless</u><br>1-800-723-3546       | USAC Lifeline Support Center:<br>1-800-234-9473<br>www.lifelinesupport.org   |

## STATEWIDE RESPITE CARE PROGRAM

| WHAT IT DOES                        | ELIGIBILITY REQUIREMENTS                   | HOW TO APPLY                         | COMMENTS                               |
|-------------------------------------|--|--------------------------------------|--|
| Provides support and periodic       | Maximum income and resources:              | Bergen County Division on Disability | Income is assessed on a sliding scale. |
| break "Respite" to an unpaid        | Single: \$34,812 yr. (\$2,901/month)       | Services/Statewide Respite           | Cost share begins at income level:     |
| caregiver that includes spouse,     | Resources: \$40,000;                       |                                      |  |
| family members, neighbor, friend    | Married: \$69,624 yr. (\$5,802/month)      | 201-336-6511                         | \$1,402/month for single               |
| who are responsible for basic daily | Resources: \$60,000                        |                                      | \$2,804/month for a couple.            |
| care. The program offers care       |  |                                      |  |
| recipients services such as home    | Care recipients are either a frail elderly |                                      |  |
| care, companion care, adult day     | adult or disabled individual that is 18    |                                      |  |
| care, campership, or a short term   | or over and resides in the community.      |                                      |  |
| stay in a long term care facility.  | Individuals must have a caregiver that     |                                      |  |
| There is also a Caregiver Directed  | provides daily care. The care recipient    |                                      |  |
| Option that reimburses the          | must not be on Medicaid or receiving       |                                      |  |
| caregiver for services and items.   | home care services through other           |                                      |  |
|                                     | programs such as JACC, MLTSS,              |                                      |  |
|                                     | VA Aid & Attendance, etc.                  |                                      |  |

# Managed Long Term Services and Support (MLTSS)

| WHAT IT DOES   | ELIGIBILITY REQUIREMENTS  | HOW TO APPLY  | COMMENTS  |
|--|---|---|---|
| Medicaid waiver program<br>that provides access to a<br>range of services at home in<br>the community or in a long<br>term care facility.<br>*Home Care<br>*NJ Family Care Plan A<br>*Care Management<br>*Home & Car Modifications<br>*Home Delivered Meals<br>*Respite<br>*Personal Emergency<br>Response | ELIGIBILITY REQUIREMENTS<br>Must meet financial & clinical (nursing facility level<br>of care) guidelines. Must meet age (65 or older) OR<br>disability requirements (determined disabled by the<br>Social Security Administration or the State of New<br>Jersey). Must be a U.S. Citizen or meet immigration<br>status.<br><u>M.L.T.S.S.</u><br>Monthly income limit: \$2,901/month<br>Countable resource limit: \$2,000<br>If income exceeds \$2,901 then there is the option<br>to set up a Qualified Income Trust (QIT).<br>https://www.nj.gov/humanservices/dmahs/clients/mtrusts.html | HOW TO APPLY<br>For information and screening<br>process call Division of Senior<br>Services/ADRC: 201-336-7400<br>Financial screening process:<br>Board of Social Services<br>201-368-4200<br>www.bcbss.com<br>Board of Social Services<br>218 Route 17 North<br>Rochelle Park, NJ 07662<br>8 am thru 4:30 pm weekdays | COMMENTSManaged Care Organization (MCO's)<br>administers and coordinates MLTSS services.Managed Care Organizations:<br>Aetna Better Health<br>1-855-232-3596WellPoint<br>1-855-661-1996Horizon NJ Health<br>1-844-444-4410United Healthcare<br>1-800-941-4647Fidelis Care<br>1-855-642-6185 |
| *Mental Health<br>*Assisted Living<br>*Nursing home<br>*Paid Caregiver   | Community Spouse Resource Allowance (CSRA)<br>allows a greater portion of the couple's assets to be<br>protected for the non-applicant spouse. The<br>minimum CSRA is \$31,584 and the maximum<br>CSRA is \$157,920.  |   | Enroll in a Medicaid MCO contact<br>NJ Family Care :<br>1-866-472-5338<br>1-800-701-0710<br><u>BG Unit:</u> (Institutional Medicaid)<br>201-368-7667 Fax: 201-368-4772  |

## New Jersey Family Care ABD (Aged, Blind, Disabled)

| WHAT IT DOES  | ELIGIBILITY REQUIREMENTS                              | HOW TO APPLY  | COMMENTS  |
|---|---|---|---|
| Provides health insurance   | Persons 65 years of age or older, blind or            | Online applications are   | NJ Family Care: 1-800-701-0710                      |
| for low income individual 65<br>years of age and over, blind<br>or disabled. Program pays | permanently disabled who may not be eligible for SSI. | encouraged <u>www.bcbss.com</u><br>Printable applications are also<br>available on this site. | Medical Assistance Customer Center:<br>862-338-9890 |
| for hospital services,  | Maximum gross income:                                 |   | Bergen County Board of Social Services              |
| healthcare needs, doctor  | Single: \$15,650 yr. (\$1,304/month)                  | Mail completed Medicaid ABD   | Tel: 201-368-4200                                   |
| visits, prescriptions.  | Married: \$21,150 yr. (\$1,763/month)                 | application with copies of required   |   |
|   |   | verification or place in agency   | Report changes in circumstance                      |
|   | Maximum allowable resources for :<br>Single: \$4,000; | drop box.   | https://bcbss.com/report-change/                    |
|   | Married: \$6,000                                      | Board of Social Services  | AA Unit: New and Ongoing ABD Medicaid               |
|   |   | 218 Route 17 North  | 201-368-7693 Fax: 201-368-4337                      |
|   |   | Rochelle Park, NJ 07662   |   |
|   |   | 8 am thru 4:30 pm weekdays  |   |

## JERSEY ASSISTANCE FOR COMMUNITY CAREGIVING (JACC)

| WHAT IT DOES  | ELIGIBILITY REQUIREMENTS   | HOW TO APPLY   |  | COMMENTS  |  |
|---|--|--|--|---|--|
| JACC program provides<br>home care and other<br>community based services<br>to seniors at risk of<br>placement in a nursing<br>facility. JACC is designed to<br>supplement the cost and<br>assistance that is provided<br>by the caregiver. The service<br>package provided is based<br>on a clinical assessment of<br>the JACC participants'<br>activities of daily living (ADL)<br>needs, collaboration with a<br>care manager to set up a<br>care plan, availability of<br>services and funding.<br>JACC participants' have the<br>option to choose their own<br>service providers such as a<br>family member to become<br>the paid caregiver. | <ul> <li>New Jersey resident age 60 and older that:         <ul> <li>Requires a nursing facility level of care and choose to remain at home.</li> <li>Cannot be participating in other state funded programs such as Medicaid or Medicaid Waiver Services</li> <li>Meets immigration status and financial guidelines</li> </ul> </li> <li>Single: \$4,760/month Maximum resources: \$40,000</li> <li>Married: \$6,433/month Maximum resources: \$60,000</li> </ul> | Division of Senior Services/ADRC:<br>201-336-7400 for information<br>and an initial screening. | Participants of JA<br>standard medica<br>Below is the mon<br>Individual<br>\$0 - \$1,735<br>\$1,736 \$2,282<br>\$2,283 - \$2,934<br>\$2,935 - \$3,586<br>\$3,587 - \$4,239<br>\$4,240 - \$4,760<br>Standard Medica<br>Individual: \$286<br>JACC services are<br>\$1,156 per mont<br>The JACC program | CC have a co-pay<br>I deductions.<br>hthly income slidin<br>Couple<br>\$0 - \$2,344<br>\$2,345 - \$3,084<br>\$3,085 - \$3,966<br>\$3,967 - \$4,847<br>\$4,848 - \$5,728<br>\$5,729 - \$6,433<br>A Deductions:<br>Couple: \$554<br>e limited to:<br>th or \$13,872 per | g scale.<br>Co-pay<br>Amount<br>\$0.00<br>\$15.00<br>\$30.00<br>\$60.00<br>\$90.00<br>\$120.00<br>\$120.00 |

### PROPERTY TAX RELIEF PROGRAMS

| WHAT IT DOES  | ELIGIBILITY REQUIREMENTS   | HOW TO APPLY  | COMMENTS   |
|---|--|---|--|
| PROPERTY TAX<br>REIMBURSEMENT<br>(SENIOR FREEZE)<br>Provides tax relief for<br>homeowners. The "Senior<br>Freeze" program reimburses<br>eligible senior citizens and<br>disabled persons for property<br>tax or mobile home park site<br>fee increases on their<br>principal residence.<br>The program covers the<br>property tax that is increased<br>after you become eligible,<br>effectively "freezing" your tax<br>amount at a base level. | <ul> <li>Must be 65 years of age<br/>or older or receiving Social<br/>Security Disability benefits<br/>on or before December<br/>31, 2023</li> <li>Owned and lived in your<br/>home since December 31,<br/>2020, or earlier and still<br/>owned and lived in your<br/>home on December 31,<br/>2024</li> <li>Property is subject to<br/>taxes</li> <li>Meet the total combined<br/>income limits:<br/>(Single/Married/Civil Union):<br/>2023: \$163,050<br/>2024: \$168,268</li> </ul> | A single combined Property Tax Relief application<br>(2024 PAS-1 Form) will be mailed to eligible<br>residents. This single application allows you to apply<br>for the PTR (Senior Freeze), ANCHOR, and Stay NJ<br>programs simultaneously.<br>Print application and online filing:<br>https://www.nj.gov/treasury/taxation/relief.shtml<br>Application deadline is October 31, 2025              | <ul> <li>For those with life tenancy, a copy of an official document must be included with application. Life Tenancy means you are considered the owner of the property.</li> <li>There is a one-time exception for income increase in order to retain the base year.</li> <li>Senior Freeze payments are issued on a payment schedule depending on when you apply. The earliest payment will be issued July 15, 2025</li> </ul> |
| Affordable New Jersey<br>Communities for<br>Homeowners and Renters<br>(ANCHOR)<br>Provides property tax relief<br>for eligible homeowners and<br>renters.   | <ul> <li>NJ resident who owned, occupied and taxes were paid on <u>principal</u> residence on October 1, 2024.</li> <li>Homeowner's income in 2024 was \$250,000 or less.</li> <li>NJ resident renters should have name on lease, paid rent and gross income was \$150,000 or less.</li> </ul>   | A single combined Property Tax Relief application<br>(2024 PAS-1 Form) will be mailed to eligible<br>residents. This single application allows you to apply<br>for the PTR (Senior Freeze), ANCHOR, and Stay NJ<br>programs simultaneously.<br><u>https://www.nj.gov/treasury/taxation/anchor/</u><br>Application deadline is October 31, 2025  | Gross income can be located on your NJ-<br>1040 Line 29 tax return. If you were not<br>required to file a 2024 New Jersey Income<br>Tax return, report zero as your gross income<br><b>ANCHOR</b> payments will start September 15<br>and continue on a rolling basis, with most<br>applicants receiving payment within 90<br>days, unless additional information is<br>required.  |
| Stay NJ Property Tax Credit<br>Provides property tax relief<br>for eligible homeowners aged<br>65 and older. It reimburses<br>50% of property tax bills, up<br>to \$13,000, with a 2024<br>benefit cap of \$6,500.  | <ul> <li>Must be 65 years or older<br/>as of December 31, 2024</li> <li>Owned and lived in the<br/>home for the entire year of<br/>2024</li> <li>Income below \$500,000</li> <li>Not available for mobile<br/>homeowners</li> </ul>  | A single combined Property Tax Relief application<br>(2024 PAS-1 Form) will be mailed to eligible<br>residents. This single application allows you to apply<br>for the PTR (Senior Freeze), ANCHOR, and Stay NJ<br>programs simultaneously.<br>https://www.nj.gov/treasury/taxation/staynj/index.shtml<br>Property Tax Relief Hotline: 1-888-238-1233<br>Application deadline is October 31, 2025 | <ul> <li>Benefits are calculated after<br/>ANCHOR and Senior Freeze<br/>benefits.</li> <li>Stay NJ payments will be made<br/>quarterly beginning in 2026.<br/>Payments are subject to the Fiscal<br/>Year 2026 &amp; Year 2027 State<br/>Budget.</li> </ul>  |

#### For inquires and assistance with property tax relief:

- Hotline 1-888-238-1233
- Schedule telephone assistance: <u>https://www.nj.gov/treasury/taxation/contact.shtml</u>
- In person tax assistance, visit regional taxation office: Fair Lawn Regional Information Center NJ Division of Taxation 22-08 Route 208 South, Fairlawn, NJ 07410

#### Additional property tax benefits:

#### Senior Citizens or Disabled Persons Property Tax Deduction:

Annual deduction of up to \$250 from property tax for homeowners that are age 65 or older or disabled who meet residency requirements and surviving spouse may also qualify.

#### **Veterans Deduction:**

Annual deduction of up to \$250 from property taxes due for qualified war veterans. This deduction also applies to the unmarried surviving spouse/civil union/domestic partner. There is also full exemption from property taxes on a principal residence for total and permanently disabled war veterans.

Program guidelines and forms for deductions, exemptions and abatements are available online: <u>https://www.nj.gov/treasury/taxation/lpt/lpt-deductions.shtml</u>

#### What is Frail/Disabled and Vulnerable?

#### Frail/Disabled:

Person 60+ with Physical/Mental disability including Dementia & Alzheimer's, that restricts ADL's to the point of losing capacity to live alone or independently. Vulnerable Client:

Person 60+ (1) exposed to unfavorable environmental (living) conditions *OR* (2) person 60+ without social/economic resources to maintain adequate well-being that includes low income (100%-200% Federal Poverty Level) Single (\$1,304-\$2,608) Married (\$1,763- \$3,526) OR (3) language barrier (1<sup>st</sup> language other than English or illiteracy) *OR* (4) isolated (living alone), with no "informal support system" (helping family or friends).

# **COUNTY OF BERGEN**



James J. Tedesco III County Executive

# BOARD OF COUNTY COMMISSIONERS

Mary J. Amoroso Chairwoman

Steven A. Tanelli Vice-Chairman

Dr. Joan M. Voss Chair Pro Tempore

Rafael Marte Germaine M. Ortiz Thomas J. Sullivan Tracy Silna Zur