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# Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2502-0608  
(exp.02/28/2017)

**1a. Grantee Name & Address (Including City, County, State, Zip Code, Telephone No. & email address)**

Alaska Housing Finance Corporation  
P.O. Box 101020  
Anchorage, AK 99510-1020  
Atten: Carrie Collins, 907-330-8276, ccollins@ahfc.us

**1b. Rental Assistance Contract Number**

**1c. No. of Units**

**1d. Entity Responsible for conducting Outreach and Referral (check all that apply)**

Grantee  Service Provider  Other (specify)

Entity Name, Contact Person and Position (if known), Address (including City, County, State & Zip Code), Telephone Number & Email Address

Department of Health and Social Services  
Lisa Rosay - Division of Behavioral Health  
3601 C Street, Ste 878  
Anchorage, AK 99503  
907-269-3972

**1e. If the outreach is performed by any other entity other than the Grantee, explain how the Grantee will monitor their activities to ensure compliance with affirmative fair housing outreach requirements. Enter "N/A" in the field below if not applicable.**

The grantee will monitor outreach activities during periodic program review meetings with the entity responsible for conducting Outreach and Referral; Department of Health and Social Services.

**1f. To whom in the Grantee's office should approval and other correspondence concerning this AFHMP be sent? Indicate Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address.**

Carrie Collins  
P.O. Box 101020  
Anchorage, AK 99510-1020  
907-330-8276  
ccollins@ahfc.us

**2a. Affirmative Fair Housing Marketing Plan**

Plan Type

Date of the First Approved AFHMP:

Reason(s) for current update:

**2b. Outreach Start Date**

Grantees should not begin accepting applications prior to conducting the marketing and outreach activities identified in the approved AFHMP.

Date Outreach will begin (xx/xx/xxxx)

Date Grantee will begin accepting applications (xx/xx/xxxx)

Note: Only Fiscal Year 12 Demonstration Grantees are permitted to accept applications prior to conducting marketing and outreach activities identified in the approved AFHMP.

**3a. Target Areas (check one):**     Statewide                       Other (specify)

The program will initially be implemented in Anchorage, Fairbanks, Juneau, and the Matanuska-Susitna Valley. The program may be implemented in other communities as appropriate services, units, and eligible clients are identified.

**3b. Target Population(s)**

As outlined in Section III.A. of the Interagency Partnership Agreement between Alaska Housing Finance Corporation and the Alaska Department of Health and Social Services:  
The target populations for this program include extremely low-income disabled households with at least one person in the household who is between the ages of 18-62 at the time of admission to a HUD 811 PRA Demonstration property and who is eligible for community-based services as provided by Medicaid waivers, Medicaid state plan options, or state funded services, and include the following two priority populations.  
a. Tier 1: Individuals that meet the HUD 811 program criteria above who are currently in Assisted Living Homes (ALH), on state General Relief and supported by state general funds, and are appropriate candidates for independent supportive housing. Once all individuals are moved into integrated housing, this program would serve as a diversion program for individuals meeting GR criteria to keep from entering ALH level of care.  
b. Tier 2: Individuals that meet the HUD 811 program criteria above who are re-entering the community from institutional care: i.e. those discharged (within last 12 months) from an inpatient psychiatric or residential treatment facility, jail or prison, long-term nursing home stay (over 6 months) or transitional-age youth who are aging out of foster care or institutional settings. Tier 2 would only be utilized if an insufficient number of potential participants will be identified from tier 1.

**3c. Is all or some of the Target Population(s) covered by a Settlement Agreement?**    No     Yes

**3d. Demographics of Target Population(s)**

(check all that apply)

- White                       American Indian or Alaska Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       Hispanic or Latino  
 Families with Children (under age 18)     Other ethnic group, religion, sex, etc. (specify)

**3e. Data Source(s) used to obtain the demographic characteristics.**

Demographic characteristics are gathered from census data, Medicaid data, homeless Point-in-Time count reports, Alaska Homeless Management Information System (AKHMIS), the Alaska Automated Information Management System (AKAIMS), client transition assessment packet, and the Senior and Disabilities Services client database (DS3).

**4a. Identify the demographic group in the target population(s) that are least likely to apply.**

1. The target group is non-elderly people experiencing severe disabilities which have necessitated them living in assisted living homes. This includes people with serious mental illness, dementia, substance abuse, intellectual and developmental disabilities and medical conditions that severely impact a person's functioning. This group requires significant personal energy and supports to perform daily tasks and may not be able to, or have enough energy reserves to, apply for housing on their own. Of this target group, sub-groups that are least likely to apply include people who are polydisabled, and/or have behavioral health needs and dementia and/or people with language barriers where English is not their first language.

2. Within the target group there are non-elderly people with a legal guardian or other legal decision maker in place to make decisions for them. The court or other legal agreement has deemed that these individuals are not able to, or have deferred decision making to another party and are not able to, apply for housing programs on their own. Many are residing in assisted living homes because a guardian or legal decision-maker has thought this the safest place for them to live. Because legal guardians or other legal decision makers may have thought assisted living is the safest and most appropriate option, they may be reticent to support a transition to the 811 PRA program making this group one of the least likely to initiate an application to the 811 PRA program.

4b. For each demographic group in the target population(s) that are least likely to apply, provide a description of how the program will be marketed to eligible individuals in the target population(s).

1. Each individual within the target population will participate in a Housing Preference Survey that incorporates community living options through the Section 811 PRA program. Outreach will also be provided to service providers and staff assisting the target population. The survey addresses housing preferences, individual needs, and specific supports. Once an individual expresses a preference for an 811 option the individual's needs and requested supports will be identified and an individual will be invited to apply as is consistent with their responses. Individuals who are in the least likely to apply group will have the opportunity to participate in the survey and may be referred for transition supports and services through the Centers for Independent Living and/or a current behavioral health service provider. Section 811 PRA program information and materials are available on the Alaska Housing Finance Corporation and Department of Health and Social Services (DHSS) websites which feature an option to translate any of the content or materials for individuals with language barriers where English is not their first language. Translation services are also available for all potential clients through DHSS and program service partners.

2. Targeted outreach will also be made to guardians, legal decision makers, and assisted living home providers. Outreach will be conducted with the Office of Public Advocacy, which employs the public guardians of the State of Alaska, Adult Protective Services and the Long Term Care Ombudsman Offices. Targeted and specific outreach to the Office of Public Advocacy will include discussions of concerns guardians may have regarding the transition into the 811 PRA program. The guardians will be informed of the expanded services available to individuals making the transition from assisted living so that an appropriate plan can be developed.

**5a. Fair Housing Poster**

The Fair Housing Poster must be prominently displayed in all offices/locations in which rental activity takes place (24 CFR 200.620(e)). Check below all locations where the Poster will be displayed.

Rental Office     Grantee Office     Model Unit     Other (specify)

**5b. Affirmative Fair Housing Marketing Plan**

The AFHMP must be available for public inspection at all rental offices/locations (24 CFR 200.625). Check below all locations where the AFHMP will be made available.

Rental Office     Grantee Office     Model Unit     Other (specify)

**5c. Project Owner Compliance to display Fair Housing Poster and the AFHMP**

Explain how you will ensure that every project owner will prominently display the Fair Housing Poster and AFHMP.

Participation in the Alaska Section 811 PRA Program requires project owners to display the Fair Housing Poster and AFHMP. This requirement is outlined in the project owner Rental Assistance Contract and Alaska Housing Finance Corporation 811 Program application. Compliance will be verified through program monitoring.

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**6. Evaluation of Marketing Activities**

Explain the evaluation process you will use to determine whether your outreach activities have been successful in attracting individuals in the target population(s) who are least likely to apply, including who will be responsible for conducting this evaluation, when this evaluation will be conducted and how the results of this evaluation will inform future marketing activities.

The Department of Health and Social Services will be responsible for evaluating the success of the outreach activities. Target population participation will be recorded quarterly and reviewed during program review meetings throughout the year. Program marketing activities will be adjusted based on the results of the evaluation.

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**7. Additional Considerations.** Is there anything else you would like to tell us about your AFHMP to help ensure that your program is marketed to eligible persons in the target population(s) who are least likely to apply for the program? Please attach additional sheets, as needed.

[Empty box for additional considerations]

**8. Review and Update**

By signing this form, the grantee agrees to implement its AFHMP, and to review and update its AFHMP in accordance with the instructions to item 8 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). The Grantee also certifies that training will be provided to staff/entities that provide outreach to target population(s) for the purpose of enrollment in the 811 PRA program. Training will consist of affirmative fair housing outreach requirements and the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act and the American with Disabilities Act. I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

*Carrie Collins*

2/13/2017

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Carrie Collins

Name (type or print)

Section 811 PRA Program Manager, Alaska Housing Finance Corporation

Title & Name of Company

**For HUD-Office of Housing Use Only**

Reviewing Official:

[Empty box for Reviewing Official signature]

\_\_\_\_\_  
Signature & Date (mm/dd/yyyy)

**For HUD-Office of Fair Housing and Equal Opportunity Use Only**

Approval  Disapproval

\_\_\_\_\_  
Signature & Date (mm/dd/yyyy)

Name (type or print) \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_

Name (type or print) \_\_\_\_\_

Title \_\_\_\_\_