Note to all applicants/respondents: This form was developed with Nuance, the official HUD software for the creation of HUD forms. HUD has made available instructions for downloading a free installation of a Nuance reader that allows the user to fill-in and save this form in Nuance. Please see http://portal.hud.gov/hudportal/documents/huddoc?id=nuancereaderinstall.pdf for the instructions. Using Nuance software is the only means of completing this form.

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 Na	ame & Address (in	iuding City, Cou	ınty, Stat	te, Zip (Code	e, Tele	ephone	No. &	email	addres	s) 1b.	. Ren	tal Ass	sista	nce Co	ntrac	t Number
State of Conne	cticut Department o	f Housing										CT:	26RDD	1301			
505 Hudson St	•																
	6106-7106 (Hartford		<u>.</u> .														
Michael C. San	itoro, 860-270-8171	, michael.santo	oro@ct.@	gov							10	c. No	. of Un	its	150		
									•								
1d. Entity Res	ponsible for condu	cting Outreac	h and F	Referra	ral (c	heck	k all th	nat ap	ply)								
				_													
Grante	e Service Pro	vider 🗸 Otl	ner (spe	cify) [State	e Hea	alth ar	nd Hui	man S	ervice	Agen	cies (DSS, E	DMH	AS, DD:	S)	
	•																
ntity Name, Co	ontact Person and P	osition (if knov	∕n), Addı	lress (i	(inclu	ıding	City, 0	County	y, Stat	e & Zip	o Code	e), Te	lephon	ie Nu	mber &	.Ema	il Address
4) Dan anton an	4 of Consider Conside	05 Cim	Ctuant	Llaute		OT O	0400.4	5022	Dawa	Diar	mbart	MED	Droine	at Die	antar O	60.4	24 4907
1 '	t of Social Services @ct.gov; 2) Departr																
	io, Director Hsg and																
	ie, Hartford, CT 061																
	,	·	-	•				•		_			-				
	.																
	each is performed																ivities to
ensure comp	liance with affirma	tive fair hous	ing outr	reach	ı requ	uiren	nents	. Ent	er "N/	'A" in t	the fie	eld be	elow if	not a	applical	ble.	
T. O		-1				!_!_	A						ما درد ام			d Dat	arral and
Placement system	work with the three agen n. The system will be us	cies identified in tr ed along with avail	ie inter-Ag able resot	gency Pa urces th	≓aπne≀ hrough	rsnip / h Conr	Agreem necticut	ent to d 's existi	reate a ing Inte	ına impie r-Agency	ement a y Comn	i techn nittee f	ology-ba or Suppo	ortive i	oordinate Housing a	and Ho	errai and imelessness
(IACSH), IACSH's	s initiatives, programs ar be trained and certified t	d systems ensure	outreach:	to peop	ple from	om a bi	road rar	nge of c	demogra	aphics w	vithin th	e targe	t popula	tions.	în additior	n, Ref	errai
responsible for in	putting demographic info	rmation into the C	oordinated	d Referr	rral and	nd Plac	cement	system	. The G	rantee o	an acc	ess an	d monito	r the i	nformation	n prov	ided to ensur
that these agenci	es reach out to populatio	ns that are least in	kely to app	ply.													
45 7 1		- 66	1			41						41	. A (T)	(BED	h	I	
	n in the Grantee's ss (including City,							-			ernin	ig thi	IS AFF	IIVIP	pe sen	it? I	naicate
Name, Addres	ss (including City,	State & Zip Ct	ide), ie	;iepiio	או שווע	WUITE	Del O	L-INICI	ı Auu	1033.							
Nai-In-ad-C. Ca																	
Michael C. Sa	antoro Street, 2nd Floor																
Hartford, CT (•																
860-270-8171																	
michael.santo																	
																	
2a. Affirmative	e Fair Housing Mai	keting Plan	_							_					_		
Plan Type	Initial Plan]	Date	te of t	the F	irst Ap	prove	d AF	HMP: []		
				-													
Reason(s) f	for current update:																
										•							
																	٠

2b. Outreach Start Date
Grantees should not begin accepting applications prior to conducting the marketing and outreach activities identified in the approved AFHMI
Date Outreach will begin (xx/xx/xxxx) 02/01/2016 Date Grantee will begin accepting applications (xx/xx/xxxx) 03/01/2016 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
With priority areas in Hartford, New Haven, Norwich/New London, Bridgeport, and Stamford/Greenwich.
3b. Target Population(s)
 Persons with disabilities who are currently institutionalized or can be diverted from institutionalization, seeking transition to home and community-based supports and services, eligible for the State's Money Follows the Person (MFP) Demonstration and need housing. This includes people between the ages of 22 and 62 who are eligible for services under the State's 1915(c) waivers for persons with developmental disabilities. Persons with disabilities who are currently homeless or chronically homeless and need housing. Persons between the ages of 22 and 62 eligible for services under the Adult Lifespan Waiver for individuals with Autism Spectrum Disorder who are at risk of institutionalization or homelessness.
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.
1) Demographic data provided by DSS, derived from its current waiting list and consisting of referrals by nursing home social workers, family members, advocates and self-referrals found in the Money Follows the Person (MFP) electronic referral and data system and Medicaid data for those eligible for the 1915(c) waiver.
2) Demographic data provided by DMHAS, derived from its current waiting list and consisting of referrals by the following: nursing home social workers, family members, advocates, community service providers, home care providers, Local Mental Health Authorities (LMHA), MFP, referrals by Connecticut Valley Hospital inpatient units; referrals by homeless shelters, homeless service providers, homeless outreach and engagement teams and self referrals from homeless individuals and families. Demographic data is also provided from the existing Homeless Management Informatio System (HMIS), the Homeless Point-In-Time Count and the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).
3) Demographic data provided by DDS, derived from its current database of Medicaid 1915(c) waiver-funded clients with a diagnosis of an intellectual disability or autism spectrum disorder who are or at risk of institutionalization or homelessness.
4a. Identify the demographic group in the target population(s) that are least likely to apply.
1) Persons with Intellectual or Developmental Disabilities or Autism Spectrum Disorder
2) People with Limited English Proficiency

1) Persons	with	Intellectual or I	Develo	opmental D)isabi	lities or Autis	m Spectrum Disorder:
Developme families, and understand through the support the consistent wide range	ent of adval. Active Indiversity Indiversi	informational of vocates. Materione ve and direct of vidual Person-Cancy needs. The Affirmative Fair dined service p	outreadials are outread Center ney wi Housi rovide	ch material e to be bric ch will be c red Plannir Il also be t ing. Betwe rs who will	Is for ef with condu ng Pro rained en the I ensu	distribution to concise me cted by case occas to iden in methods three referrance that quali-	o Case Managers, individuals essages that are easier to emanagers who work actively appropriate individuals and of outreach and referral ral agencies, there will be a fied members of the target
population	s are	reached and ha	ave ac	cess to mi	oma	แดก สอบนะแก	e program.
than Englis provided ir managers,	sh am Engl mate	ongst the targe sh and Spanis	et popu h. As e trans	ulations. O needed an slated into	utread Id ide other	ch materials ntified by ref	e most common language othe will be readily available and erral coordinators and case non languages. Interpreters can
ir Housing P	netar						
e Fair Housing	Poster	must be prominently where the Poster v			s/locatio	ons in which renta	ıl activity takes place (24 CFR 200.620(e))
e Fair Housing eck below all I	Poster				s/locatio	ons in which renta	l activity takes place (24 CFR 200.620(e)) State/Referral Coordinator Offices
ne Fair Housing neck below all I Rental Office Affirmative Fai e AFHMP mus ere the AFHMI	Poster ocations Thousing the ava	where the Poster was Grantee Office	vill be dis	splayed. Model Unit t all rental offic	V	Other (specify) stions (24 CFR 20	State/Referral Coordinator Offices 00.625). Check below all locations
ne Fair Housing neck below all I Rental Office Affirmative Fai e AFHMP mus	Poster ocations Thousing the ava	where the Poster was grantee Office Grantee Office Grantee Office Grantee Office	vill be dis	splayed. Model Unit	V	Other (specify) stions (24 CFR 20	State/Referral Coordinator Offices
heck below all I Rental Office Affirmative Fai e AFHMP mus here the AFHMI Rental Office Project Owner	r Housi t be ava will be	Grantee Office ng Marketing Plan ilable for public insp made available. Grantee Office iance to display Fa	ection at	splayed. Model Unit t all rental offic Model Unit	☑ es/loca ☑	Other (specify) stions (24 CFR 20 Other (specify)	State/Referral Coordinator Offices 00.625). Check below all locations
ne Fair Housing neck below all I Rental Office Affirmative Faire AFHMP mustere the	r Housi t be ava will be Compl u will en	Grantee Office ng Marketing Plan ilable for public insp made available. Grantee Office iance to display Fasure that every projections	ection at air House ect own pordinates will	Model Unit t all rental office Model Unit Model Unit sing Poster a er will promine tors and Pr certify that	ees/local	Other (specify) Itions (24 CFR 20 Other (specify) AFHMP splay the Fair Ho	State/Referral Coordinator Offices 00.625). Check below all locations Website; Upon request

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.

During the implementation and execution of the program, the Grantee will track the demographic data on client referrals, applicants, rejected applicants, tenants and terminated tenants. At least annually upon the anniversary of the executed Cooperative Agreement, the Grantee will analyze this data and compare it with baseline information to determine if the populations who are least likely to apply have been properly represented. If a significant disparity is discovered upon this review, the Grantee will modify the outreach plan and conduct other system changes to better target the populations least likely to apply. This can include more rigorous monitoring that ensures program information and materials are being distributed to these populations and the re-training of referral coordinators, case managers and property managers to ensure compliance with the AFHMP.

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.

In the case of Olmstead v. L.C., the U.S. Supreme Court held that people with disabilities have a qualified right to receive state-funded supports and services in the community rather than institutions. The Olmstead Decision creates the settlement agreement that protects two of the target populations referred by DSS and DDS, specifically those who are are currently institutionalized or who can be diverted from institutionalization by qualifying for the State's Money Follows the Person program. Both of these target populations will include persons with intellectual or developmental disabilities, which the Grantee has identified as a population that is least likely to apply. The State of CT, the Grantee and its Inter-Agency partners have directed a significant number of resources and partnership efforts to address the Olmstead objectives. An Olmstead Development Plan that began in March 2002 underscored the importance of increasing the state's inventory of affordable, accessible and supportive housing. This plan inherently markets to and assists the intellectually and developmentally disabled population. In addition, a Long-term Planning Committee is responsible for monitoring and updating the State's Olmstead plan every three years, and includes representatives from DOH, DSS, DDS, and DMHAS, among other agencies.

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).

	1/16/16
Signature of person submitting this Plan & Date of Sub	<u> </u>
Michael C. Santoro	
Name (type or print) Santu	
Community Development Specialist, State of Connectic	cut Department of Housing
Title & Name of Company	
For HUD-Office of Housing Use Only Reviewing Official:	For HUD-Office of Fair Housing and Equal Opportunity Use Only Approval Disapproval
Signature & Date (mm/dd/yyyy)	Signature & Date (mm/dd/yyyy)
Name (type or print)	Name (type or print)
Name	
Title	Title