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 Name & Address (including City, County, State, Zip Code, Telephone No. & email address)	1b. Rental Assistance Contract Number
Dregon Housing & Community Services (OHCS)	OR16RDD1301
25 Summer Street NE, Suite B	4.
Salem, Marion County, Oregon 97301	
503) 986-2000; ryan.d.miller@oregon.gov	1c. No. of Units 75
d. Entity Responsible for conducting Outreach and Referral (check all that apply) Grantee Service Provider Other (specify)	
ntity Name, Contact Person and Position (if known), Address (including City, County, State & Zip o	Code), Telephone Number & Email Address
D D. Miller, A 4 Management & Committee on Management	
Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services	
725 Summer Street NE, Suite B	
Salem, Oregon 97301	
503-986-2000	
	D) which will include a checklist of
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually.	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 16. To whom in the Grantee's office should approval and other correspondence conce	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, Oregon 97301	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, Oregon 97301 503-986-2000	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, Oregon 97301	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, Oregon 97301 503-986-2000	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, Oregon 97301 503-986-2000 ryan.d.miller@oregon.gov	D) which will include a checklist of lents are being met. Grantee will also
Services (ODDS) & Oregon Health Authority (OHA) Health Systems Division (HSI activities that are required to be performed to ensure compliance and all requirem complete quality assurance reviews annually. 1f. To whom in the Grantee's office should approval and other correspondence conce Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address. Ryan D. Miller, Asset Management & Compliance Manager Oregon Housing & Community Services 725 Summer Street NE, Suite B Salem, Oregon 97301 503-986-2000	D) which will include a checklist of lents are being met. Grantee will also

2b. Outreach Start Date
Grantees should not begin accepting applications prior to conducting the marketing and outreach activities identified in the approved AFHM
Date Outreach will begin (xx/xx/xxxx) 05/01/2016 Date Grantee will begin accepting applications (xx/xx/xxxx) 07/01/2016
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 ☐ Other (specify)
3b. Target Population(s)
resulting from a severe and persistent mental illness or with an intellectual or developmental disability. Within these target populations, priority will be given to: (a) individuals residing in an institution, hospital, licensed or group home setting who are ready to transition to a supported housing setting; or (b) individuals who are homeless, at risk of becoming homeless or at risk of reentering an institution, hospital, licensed or facility setting.
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 Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other Pacific Islander Value Hawaiian or Other
Families with Children (under age 18) Other ethnic group, religion, sex, etc. (specify)

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

Department of Human Services (DHS) Office of Developmental Disability Services (ODDS) Data Sources

- 1) State Datamart provides compiled data from all systems used. ODDS can access demographics, payments, medicaid eligibility, etc.
- 2) DHS eXPRS Express Reporting System information on individuals receiving services, type of services, Medicaid and service eligibility, payments, etc.

Oregon Health Authority (OHA) Health Systems Division (HSD) Data Sources

- 1) Medicaid Management Information System (MMIS) information on individuals receiving health insurance benefits under the Oregon Health Plan (OHP) and other Medicaid services
- 2) Measures and Outcomes Tracking System (MOTS) non-Medicaid status data on services within treatment episodes

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

- 1) People with Limited English Proficiency (LEP)
- 2) Individuals (people with intellectual or developmental disability [ID or DD] services) who are receiving services from Department of Human Services (DHS) Office of Developmental Disability Services (ODDS) employment first program who live in a residential group home who want to live on their own but do not have the funds to live on their own without assistance such as rent subsidy or other housing subsidies. These individuals are currently receiving DHS ODDS State only funded rent subsidy in a group or supported living setting and at risk of being homeless if this program ends due to lack of State funding.

Grantee has partnered witl population; DHS will serve (SMI) population . Granter Providers and CDDPs to h Act and Outreach, Section	the Intellectual or Devel e will provide brochures and out to the target pop	lopmental Dis regarding the pulation. All tr	sability (ID or I e HUD 811 PR raining mentio	DD) popu RA progra ened belo	ulation & OHÀ will s am to DHS ODDS a w will also include i	erve the Severe an	d Persistent Ment will be given to Se	al IIIness rvice
1) LEP ~ OHA's outreach a training and support neede population least likely to ac The services of interpreter provided in other language service providers.	ed to serve a diverse pop ccess mental health serv s will be secured as nee	oulation. Spar vices. Program ded to assist	nish speaking m outreach ma in outreach a	individua aterials a nd to faci	als have been ident and the Fair Housing ilitate the rental pro	ified through servic g poster will be pro- cess for program a	e data analysis as vided in English ai pplicants. Materia	the nd Spanish Is will be
DHS ODDS will provide ou individuals with limited Engin Spanish as needed. For services. ODDS will review	glish proficiency understa individuals who speak a	and the progr a language ot	ram and their i ther than Engl	responsil ish or Sp	bilities (our target po panish, the CDDPs v	opulation), These n will provide interpre	naterials will also t ters as they do fo	oe available
DD or DD Individuals in F Developmental Disabilities materials will be made ava	(DD) Providers for grou	p residential,	supported liv	ing and e	employment service	s site and main offi	ce addresses. Pro	omotional
ODDS will provide a trainir an overview and will not al ensure our target population	low for the person who r							
ODDS will train the CDDP how to make a referral (com managers of the CDDP tha	mpleting application forn	ns and provir	ng income doc	cumentati	ion) and Fair Housi	ng. After completing	g the training, the	case
_								
he Fair Housing Poster		ill be displa		_	ns in which renta	l activity takes p		
he Fair Housing Poster Check below all locations	s where the Poster w	ill be displa	ayed.	_				
The Fair Housing Poster Check below all locations Rental Office Affirmative Fair Housing AFHMP must be available.	Grantee Office ng Marketing Plan illable for public inspe	vill be displa	ayed. Iodel Unit	V	Other (specify)	Service Provice	der's Office/CD	DP
The Fair Housing Poster Check below all locations Rental Office Affirmative Fair Housing Poster The AFHMP must be avanged to the posterior of the posterior	Grantee Office ng Marketing Plan illable for public inspe	vill be displa	ayed. Iodel Unit	es/locat	Other (specify)	Service Provid	der's Office/CD	DP ns
The Fair Housing Poster Check below all locations Rental Office Affirmative Fair Housing Poster	Grantee Office ng Marketing Plan illable for public insperse made available. Grantee Office	vill be displa	ayed. Iodel Unit I rental office Model Unit	es/locat	Other (specify) tions (24 CFR 20 Other (specify)	Service Provid	der's Office/CD	DP ns
The Fair Housing Poster Check below all locations Rental Office Affirmative Fair Housine AFHMP must be available the AFHMP will be Rental Office Project Owner Complete	Grantee Office ng Marketing Plan iilable for public insperse made available. Grantee Office	will be displaid of the displa	ayed. Iodel Unit I rental office Model Unit g Poster au	es/locat	Other (specify) tions (24 CFR 20 Other (specify)	Service Providence Pro	der's Office/CD below all locatio	DP ns
The Fair Housing Poster Check below all locations of the Rental Office Affirmative Fair Housing AFHMP must be available and AFHMP will be Rental Office Project Owner Complement of the Rental Provides the AFHMP. Grantee will provides FHMP. Grantee of the Check FH	Grantee Office Ing Marketing Plan Italiable for public inspect In made available. Grantee Office Italiance to display Fan Insure that every project of will require an a	ection at all air Housin ect owner with	lodel Unit I rental office Model Unit g Poster au will promine th a Fair	es/locate and the Active discovery	Other (specify) tions (24 CFR 20 Other (specify) AFHMP splay the Fair Ho ing Poster a rtification fro	Service Providence Pro	der's Office/CD below all location er's Office/CDE ad AFHMP. If the appro	DP ns DP ved
Affirmative Fair Housi he AFHMP must be ava here the AFHMP will be	Grantee Office Ing Marketing Plan Italiable for public inspect In made available. Grantee Office Italiance to display Fan Insure that every project of will require an a	ection at all air Housin ect owner with	lodel Unit I rental office Model Unit g Poster au will promine th a Fair	es/locate and the Active discovery	Other (specify) tions (24 CFR 20 Other (specify) AFHMP splay the Fair Ho ing Poster a rtification fro	Service Providence Pro	der's Office/CD below all location er's Office/CDE ad AFHMP. If the appro	DP ns DP ved
The Fair Housing Poster Check below all locations of the Rental Office Affirmative Fair Housing AFHMP must be available and AFHMP will be Rental Office Project Owner Complement of the Rental Provides the AFHMP. Grantee will provides FHMP. Grantee of the Check FH	Grantee Office Ing Marketing Plan Italiable for public inspect In made available. Grantee Office Italiance to display Fan Insure that every project of will require an a	ection at all air Housin ect owner with	lodel Unit I rental office Model Unit g Poster au will promine th a Fair	es/locate and the Active discovery	Other (specify) tions (24 CFR 20 Other (specify) AFHMP splay the Fair Ho ing Poster a rtification fro	Service Providence Pro	der's Office/CD below all location er's Office/CDE ad AFHMP. If the appro	DP ns DP ved

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 evaluate will be conducted and how the results of this evaluation will inform future marketing activities.
	For the 1st five (5) years after the initial plan is approved, the Grantee will obtain annual data from OHA & DHS. This data will be used to evaluate the success of the outreach to the target population. If it is determined that the outreach is unsuccessful or inadequate, the Grantee will reevaluate this plan with OHA & DHS to determine the necessary changes; the Grantee will then complete an updated plan and submit it to HUD for review and approval.

If there are no changes needed in the 1st five (5) years after the initial plan is approved, the Grantee will then review this plan every five (5) years, at a minimum, to determine if changes are needed. If changes are needed, the Grantee will complete an updated plan and submit it to HUD for review and approval.

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.

NI/A

4		

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).

Fall	02/72/8016
Signature of person submitting this Plan & Date of S	ubmission (mm/dd/yyyy)
Ryan D. Miller	
Name (type or print)	
Asset Management & Compliance Manager; Oregon I	Housing & Community Services
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