

Additional Resources

9-1-1 Emergencies

3-1-1 Government Information

Toll-free outside Miami-Dade County 1-888-311-DADE (3233); TTY/TTD 305-468-5402

2-1-1 Family Social Services

TTY: 305-644-9449

Florida Power and Light (FPL)

1-800-4-OUTAGE (800-468-8243); 7-1-1 Hearing Impaired

Federal Emergency Management Agency

1-800-621-FEMA (3362); TDD: 800-462-7585

<http://www.fema.gov>

Miami-Dade Emergency Management

<http://www.miamidade.gov/oem>

AT&T

1-888-757-6500; TDD: 305-780-2273

6-1-1 (repairs)

American Red Cross

305-644-1200

<http://www.miamiredcross.org>



Emergency Evacuation Assistance Program



Miami-Dade Emergency Management

9300 NW 41 Street

Miami, Florida 33178

(305) 468-5900

www.miamidade.gov/oem

This information is available in English, Spanish, and Haitian Creole. To request this material in an alternate format such as Braille, Large Print or electronically, please call (305) 468-5900.



Miami-Dade Emergency Management

9300 NW 41 Street

Miami, Florida 33178

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What is the Emergency Evacuation Assistance Program (EEAP)?

EEAP is designed for individuals living at home that need assistance with evacuation.

The EEAP registry may be used for any emergency requiring evacuation such as floods, hurricanes, hazardous material spills or gas leaks. Evacuation Center resources are limited and those persons registered will have priority when an emergency arises. Evacuation Centers will only be available as a last resort for people who have no other place to go. You should first seek refuge with relatives, friends or community organizations.

Who Qualifies for Evacuation Assistance?

Anyone who can't evacuate or find shelter on their own and requires evacuation assistance. Residents that may require extra help to evacuate due to medical conditions, specialized transportation need or other evacuation assistance requirement, should pre-register for assistance. Miami-Dade Emergency Management will work with registrants to ensure they get the help they need in a disaster. Individuals who may require evacuation assistance include those who:

- Are unable to evacuate on their own due to a specialized transportation requirement.
- Are homebound residents that are unable to walk to a bus pickup point and do not have anyone that can provide transportation.
- Have medical needs that prevent them from evacuating on their own.
- Are bed bound patients.
- Are electrically dependent patients on life sustaining medical equipment that requires electricity.
- May require assistance with activities of daily living.

Residents of residential health care facilities such as assisted living facilities and nursing homes do not qualify for this program.

Why You Might Need EEAP

Potentially hazardous events that might occur in Miami-Dade County include:

- Hurricanes or tornadoes.
- Chemical/hazardous material releases (e.g, industrial accident or act of terrorism).
- Wildfires.
- Widespread power outages.
- Radiation releases (e.g., from a nuclear power plant incident or act of terrorism).

For more information please contact

Miami-Dade County Answer Center:

3-1-1 or (305) 468-5900

TDD: (305) 468-5402

or Florida Relay Service at **7-1-1**

Web site emergency information: www.miamidade.gov/oem

By planning ahead, you help ensure that you and your loved ones stay safe and secure. You'll also save yourself time, money and worry. You should pre-assemble supplies you might need in an evacuation or disaster. Store them in as easy-to-carry container such as a backpack or duffle bag. Use the suggestions below to check off items as you include them. Blank spaces have been provided for items you may want to add to the list.

What to Bring to an Evacuation Center

FOOD/WATER

- Bottled water
- Non-perishable packaged or canned food
- Snacks
- Special dietary requirements

MEDICAL

- Medications
- Prescription information (e.g.,doctor, name of medicine)
- Eyeglasses or contacts
- Durable medical equipment (e.g.,crutches, cane, walker, etc.)
- Consumable medical supplies (e.g.,test strips [diabetic], inhaler, etc.)

CLOTHING

- One complete change of clothes and footwear

BEDDING

- Blankets, sleeping bags

PERSONAL HYGIENE ITEMS

- Sanitizer
- Toothbrush/toothpaste
- Sanitary items

MISCELLANEOUS

- Battery-powered radio
- Extra batteries
- First aid kit
- Extra pair of glasses
- Cash, credit cards
- Extra set of keys
- Important papers (e.g.,proof of residence, insurance papers, identification)
- Flashlight
- Whistle
- Plastic garbage bags
- Important phone numbers
- Entertainment items for children (e.g., puzzles, small toys, games, stuffed animals)
- Food and supplies for service animals
- Diapers
- _____
- _____
- _____
- _____



A comprehensive list of disaster supplies can be found at the Ready South Florida website:
www.readysouthflorida.org

Notification to Applicants

All applicants will be mailed a letter advising them of:

- The evacuation assistance they are eligible to receive;
- Their responsibility to have a personal evacuation plan and supply kit; and
- Their responsibility to update their information in case of any changes.

Due to a limited number of staff, we recommend that a caregiver accompany and remain with the evacuee during the stay at the evacuation center to ensure their needs are met in a timely manner.

Eligible applicants will be assigned to an appropriate facility based upon their needs. Evacuation Centers for children under the age of 18 who require a specialized level of care are also available.



What to Expect

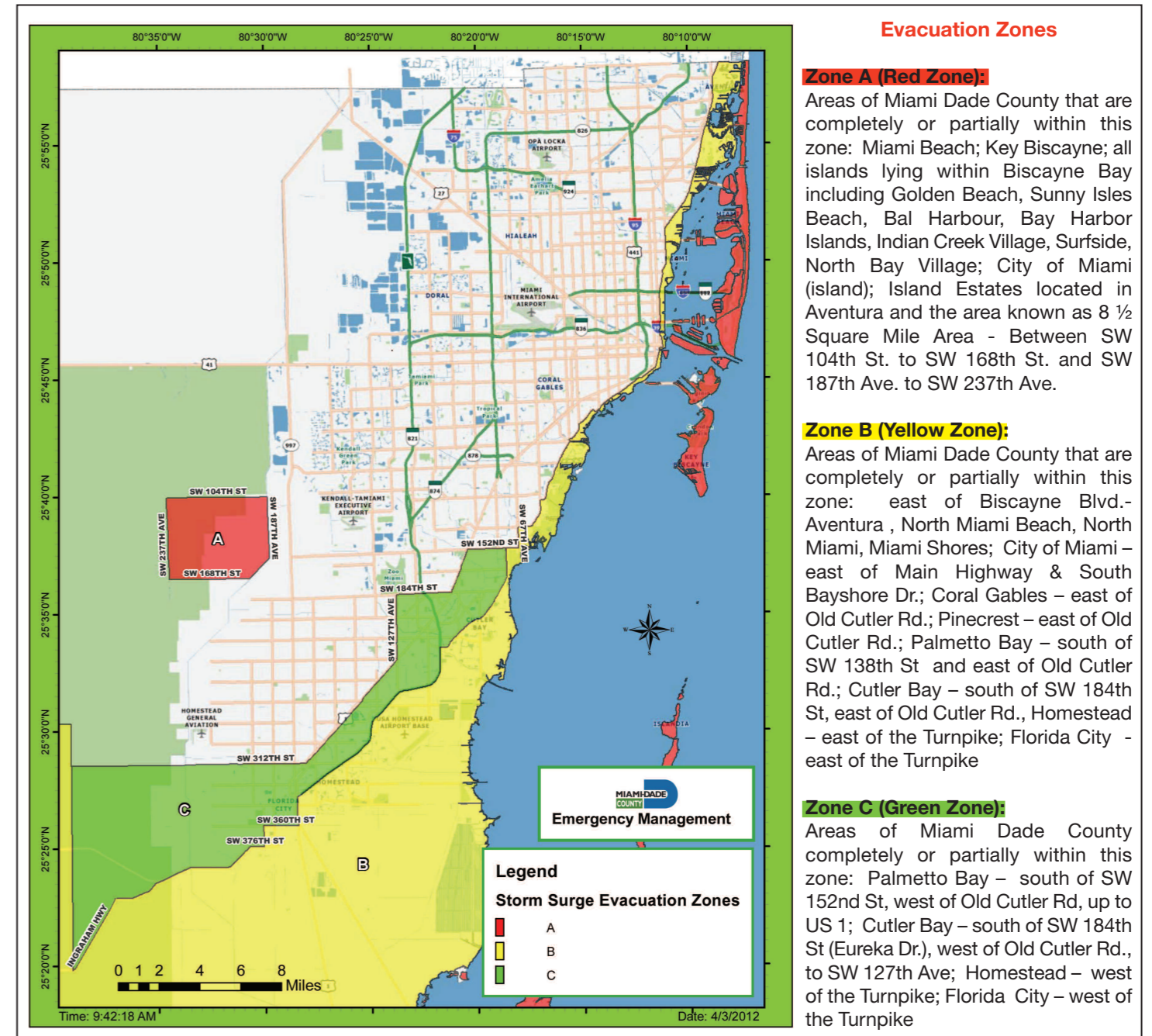
- As soon as Miami-Dade County determines that an evacuation order should be issued, all pre-registered EEAP registrants will receive a phone call from Miami-Dade Emergency Management to determine if specialized sheltering and/or transportation services are needed.
- Transportation providers will then contact participating EEAP registrants to schedule the specific pick up timeframe.
- EEAP registrants that have their own transportation will be contacted by phone to verify their sheltering assignment.
- As the event approaches it is the participant's responsibility to be ready to evacuate when transportation arrives. If they miss their scheduled pick up, there may not be time for a second attempt to evacuate them.



It is the participant's responsibility to keep all of their contact information updated. All participants will be contacted by phone to coordinate evacuation assistance when an evacuation order is issued. Participants must call the EEAP Customer Service number at (305) 513-7700 or 3-1-1 to report any changes to the information provided on the application.

KNOW YOUR EVACUATION ZONE FOR HURRICANES

When a disaster strikes, residents of Miami-Dade County know how important it is to follow evacuation orders and get out of harm's way as quickly as possible. Ultimately it is up to the individual to stay safe and find refuge from danger. That's why it is critical for residents to plan ahead of time in order to protect themselves if and when a disaster occurs.



To determine if your location is within an evacuation area, visit:
<http://tinyurl.com/md-hurricanezone> (Enter your address and click on "Hurricane Storm Surge Evacuation Zone") or call Miami-Dade Answer Center at 3-1-1 or toll-free 1-888-311-DADE (3233).

Miami-Dade Alerts

Don't be the last to know when an evacuation order is issued. Sign up to receive text message alerts for emergency events with Miami-Dade Alerts. For more information and to register visit www.miamidade.gov/oem

RESPONSIBILITIES OF THE EVACUEE

Supplies

It is the responsibility of the evacuee to bring at least a 72-hour supply of all medications, dietary supplements, medical supplies, and personal items to the center. It is highly recommended that if you have a special diet, that you bring those dietary items with you to ensure the highest level of comfort.



Did you know?

By dialing 3-1-1 you get one-on-one personal service in English, Spanish or Haitian Creole that provides the answers you need to questions about government services and programs.

Emergency Period

Pre-registered clients must make every effort to be prepared to evacuate when transportation arrives. It is the client's responsibility to monitor the media for updated information on what actions they may need to take. If a pre-registered client misses their scheduled pick-up, there may not be time for a second attempt to evacuate them.



Accompanying Caregivers

Due to a limited number of staff, we recommend that a caregiver or companion accompany and remain with the evacuee throughout the emergency period to ensure your needs are met in a timely manner.

Service Animals/Pets

- Guide dogs and service animals are allowed in all emergency evacuation centers.
- Individuals who have requested evacuation assistance must make arrangement for the evacuation and care of their pets prior to being evacuated.
- Miami-Dade offers Pet-Friendly Evacuation Centers for residents living in qualified evacuation zones, unsafe structures or mobile homes.
- Evacuees must accompany and stay with their pets in the evacuation center and cannot just drop off their pet.

Register Now

Do not wait until an evacuation order is issued.

- The EEAP resources are limited and individuals already registered will have priority when an emergency arises.
- Evacuation Centers are intended as a refuge of last resort for those who do not have an alternate safe location for evacuation. They do not offer the same level of care or equipment as health care facilities.
- Individuals requiring a higher level of medical care such as continuous oxygen, the use of life sustaining medical equipment requiring electricity and/or having advanced medical conditions will be placed in a facility appropriate for the level of care required.
- If more than one person in your household requires medical assistance during evacuations, each person must complete a separate application.
- A one-time application with doctor's signature may be needed for applicants that may require a higher level of care.
- Applicants will be sent a letter from the county that will inform them whether they have been accepted into the program.

How to Apply for Assistance

Residents that have signed up for the program will have the peace of mind knowing that even if an unforeseen disaster occurs they will get the help they need to evacuate and a safe place to stay until the danger has passed. This is why it is important to register before any disaster occurs. If residents wait until the last minute to call, Miami-Dade Emergency Management will make every effort to assist them, but those already in the registry will take priority.

- To apply for EEAP, residents will need to complete all sections of the enclosed application, which includes answering questions about medical conditions and what type of assistance is required.
- If the applicant requires a higher level of medical care they will then need to get their primary care physician to complete and sign the application prior to submitting it to Miami-Dade Emergency Management.
- Additional copies of the application can be obtained by mail or downloaded from the County's website. To find the application on line please visit www.miamidade.gov/fire/evacuation-program.asp
- To request an additional application in English, Spanish, Haitian Creole or in an alternate format such as Braille, Large Print or Electronically, please call the county at **3-1-1, 305-468-5900** or toll free at **888-311-DADE (3233)**.



PLEASE SEAL ALONG THIS EDGE WITH TAPE TO ENSURE DELIVERY

Miami-Dade Emergency Management
Emergency Evacuation Assistance Program
9300 NW 41 Street
Miami, Florida 33178-2414

STAMP
HERE

RETURN ADDRESS

THEN FOLD
HERE TO MAIL

PLEASE SEAL ALONG THIS EDGE WITH TAPE TO ENSURE DELIVERY

CAREFULLY PULL FROM CENTER OF BOOKLET TO MAIL



Delivering Excellence Every Day

Miami-Dade County Emergency Evacuation Assistance Program

Applicant Instructions and Information

The Emergency Evacuation Assistance Program (EEAP) is designed for individuals living at home that need assistance with evacuation. Residents of assisted living facilities (ALF) or nursing homes do not qualify for this program, because these business entities must have their own emergency plans for their clients.

Please note that all Miami-Dade residents are expected to make their own plan to self-evacuate their families and pets. It is important that everyone be responsible for their own safety and make a plan that includes where to go, who to contact, what to bring, and how to get there. Only residents meeting one of the following categories are eligible for assistance from the County:

- Those who require specialized transportation and/or have no transportation.
- Those whose medical needs prevent them from evacuating on their own.

Please note that upon processing your application, a representative from Miami-Dade Emergency Management (MDEM) will contact you if further clarification is necessary.

The EEAP registry may be used for any emergency requiring evacuation (flooding, hurricanes, hazardous material spills or gas leaks). Resources are limited and those persons registered will have priority when an emergency arises. **Do not wait until an evacuation order is given to request being added to the Registry.**

Evacuation Centers will only be available as a last resort for people who have no other place to go. If you need to evacuate, you should first seek refuge with relatives, friends or community organizations. Evacuation Centers do not offer the same level of care or equipment available as health care facilities. Only basic medical care and assistance are available at evacuation centers. Special needs enhanced beds and cots are provided on a limited basis. Individuals requiring a higher level of medical care such as continuous oxygen, the use of life sustaining medical equipment requiring electricity and/or have advanced medical conditions will be placed in participating local hospitals. **Due to a limited number of staff, we recommend that a caregiver accompany you and remain with you during your stay at the evacuation center to ensure your needs are met in a timely manner.**

It is highly recommended that if you have a special diet, that you bring those dietary items with you so as to ensure the highest level of comfort during your evacuation away from home. Please remember to bring a disaster kit that includes: bedding, medications, and personal supplies (*food, water, and medical equipment*). Please ensure that you eat a meal prior to leaving your home. All Miami-Dade County evacuation centers accept individuals with service animals. If you have a service animal, please include their food and supplies in your disaster kit.

All sections of this application must be completed. If you require a higher level of medical care, your primary care physician (PCP) should complete and sign this application prior to submitting it to our office. If more than one person in your household requires medical assistance during evacuations, each person must complete a separate application. Special instructions will be mailed to you once your application has been processed.

You will be contacted on an annual basis to re-certify your need for this program. You do **not** need to complete an application every year. Should you have any questions, please call the EEAP Hotline at (305) 513-7700. **Please keep a copy of the complete application for your records and mail the original to:**

**Miami-Dade Emergency Management
Emergency Evacuation Assistance Program
9300 NW 41 Street, Miami, FL 33178**

This application is available in English, Spanish, and Haitian Creole. To request this material in alternate format such as Braille, Large Print or electronically, please call (305) 468-5900.

If you need disaster preparedness tips, contact the Answer Center by dialing 3-1-1 or calling (305) 468-5900 (TTY/TDD users call (305) 468-5402). You may also visit our website for more information: www.miamidade.gov/oem

Application for the Emergency Evacuation Assistance Program

PLEASE PRINT CLEARLY

Please read the instructions on page one and complete this application in full or it will be returned to you.

Date of Application: ___/___/___ **Are you a veteran of the US Armed Forces?** Yes No

Last Name: _____ **First Name:** _____ **Middle Initial:** ___ **Sex:** ___M ___F

Date of Birth: ___/___/___ **Primary Language:** _____

Type of Residence: House/Duplex Apt/Condo (What floor? ___) Mobile Home/Trailer

Address: _____ **Apt #:** _____ **Building #:** _____

Name of Complex or Sub-division: _____

City: _____ **Zip Code:** _____

Mailing Address (if different from above): _____

Home Telephone: (____) _____ (TTY/TDD line Yes) **Alternate Phone:** (____) _____

Living Situation: Alone Relative Caregiver Other _____

Will you have a companion/caretaker accompanying you to the evacuation center? Yes No
 Companion's name: _____ Phone: _____

Emergency Contacts: Local: _____ Relationship: _____ Phone: _____
 Non-Local: _____ Relationship: _____ Phone: _____

TRANSPORTATION requirements

Do you require that transportation to an evacuation center be provided for you? Yes No
If yes, please state why?: _____ **How many people need to be evacuated?** _____

I do not have a car. I do not have anyone that can drive me.
 I am unable to walk to a bus pickup point. My medical needs prevent me from evacuating on my own.

What type of assistance do you require on a daily basis? (Check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Personal care (dressing / toileting) | <input type="checkbox"/> Mobility (walking/transferring) |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Visual guidance: (<input type="checkbox"/> blind <input type="checkbox"/> visual impairment) |
| <input type="checkbox"/> Administering medication | <input type="checkbox"/> Communicating: (<input type="checkbox"/> deaf <input type="checkbox"/> nonverbal) |
| <input type="checkbox"/> Airway suctioning | <input type="checkbox"/> Skilled medical care: (<input type="checkbox"/> intermittent <input type="checkbox"/> continuous) |
| <input type="checkbox"/> Wound care | <input type="checkbox"/> Mental health care: (<input type="checkbox"/> intermittent <input type="checkbox"/> continuous) |
| <i>If yes, what type of wound:</i> _____ | |
| <input type="checkbox"/> Other (please explain): _____ | |

I use: Wheelchair (I can transfer myself: Yes No) Walker Cane Crutches
 Other Durable Medical Equipment (specify): _____ Guide dog/Service animal

Do you require oxygen? Intermittent Continuous
 Oxygen Provider: _____ Phone: _____

Do you use medical equipment requiring electricity? Yes No (intermittent continuous)
 Specify equipment requiring electricity: _____

Are you receiving hospice or home health care? Yes No *If yes, how many hours a day?* _____
 Agency: _____ Phone: _____

I am bed bound: Yes No **I weigh over 300 pounds:** Yes No

I have the following conditions: (Please check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> early <input type="checkbox"/> moderate <input type="checkbox"/> advanced | <input type="checkbox"/> Cardiac <input type="checkbox"/> stable <input type="checkbox"/> unstable | <input type="checkbox"/> Cerebrovascular Accident (CVA) |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Knee replacement <input type="checkbox"/> ambulatory <input type="checkbox"/> non-ambulatory | <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Non-insulin dependent |
| <input type="checkbox"/> Psychosis <input type="checkbox"/> controlled <input type="checkbox"/> uncontrolled | <input type="checkbox"/> Hip replacement <input type="checkbox"/> ambulatory <input type="checkbox"/> non-ambulatory | <input type="checkbox"/> Seizures <input type="checkbox"/> controlled <input type="checkbox"/> uncontrolled |
| <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> early <input type="checkbox"/> moderate <input type="checkbox"/> advanced | | |
| <input type="checkbox"/> Neuro-muscular disorders <input type="checkbox"/> early <input type="checkbox"/> moderate <input type="checkbox"/> advanced | | |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) (Chronic Bronchitis / Emphysema) | <input type="checkbox"/> intermittent oxygen <input type="checkbox"/> continuous oxygen | |

Other: _____

FOR EVACUEES REQUIRING ENHANCED MEDICAL CARE, THIS SECTION SHOULD BE COMPLETED BY THE PATIENT'S PRIMARY CARE PHYSICIAN (PCP) OR HOME HEALTH CARE NURSE.

PLEASE PRINT CLEARLY

Physician/Nurse's Name: _____ **Phone:** (____) _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

To the best of my knowledge, the information provided on this form is correct and complete.

Signature: _____ **Date:** _____

License Number: _____

Applicant Signature & Health Insurance Portability and Accountability Act (HIPAA)

I certify that this information is correct. I understand that based on this application and the data I have provided, the Miami-Dade Emergency Management (MDEM) will determine which emergency evacuation assistance, if any, this program may be able to provide. **I understand that there is no cost associated with using any of the County's disaster evacuation centers or disaster transportation services. However, should my medical condition deteriorate and should I be admitted to the hospital, while being evacuated or at an evacuation center, then I will be responsible for the charges incurred once I am "admitted as a patient" of a hospital.** I grant permission to medical providers, transportation agencies and other individuals providing me with medical care and disclose any information required to respond to my needs.

HIPAA Privacy Rule: As defined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule of 1996, by signing this Authorization, I hereby allow the use or disclosure of my medical information by MDEM, in order to provide me assistance during emergency evacuations. I understand that information used or disclosed pursuant to this Authorization, may be subject to disclosure by the recipient for the purposes of evacuation, sheltering, transportation and any medical care pursuant to these services. I understand that I have the right to revoke this Authorization at any time except to the extent that MDEM has already acted in reliance on the Authorization. *To revoke this Authorization, I understand that I must do so by written request to Miami-Dade Emergency Management, 9300 NW 41 St, Miami, FL 33178. Attention: Vulnerable Populations Coordinator.*

I understand that if I choose to revoke this Authorization, I will no longer be part of the EEAP Registry and will not be evacuated.

Signature of Applicant: _____ **Date:** _____

Name of person completing this application (if not the patient's primary physician or home health care nurse):
NAME _____ **Telephone:** (____) _____