

**Miami Dade County Department of Emergency Management**

 9300 NW 41st Street

 Miami, FL 33178

 Email: emergencyplans@miamidade.gov

 Phone: 305-468-5400

Fax: 305-468-5401

**MUTUAL AID AGREEMENT INSTRUCTIONS**

**The Agency for Health Care Administration (AHCA) and Miami-Dade County Department of Emergency Management require that all facilities submit two (2) Mutual Aid Agreements on an annual basis. The Mutual Aid Agreements and/or contract(s) ensures that a facility’s clients can safely shelter at another facility or location in the event of an emergency evacuation. The Mutual Aid Agreement(s) and/or contracts must be from an existing facility and be valid for the CEMP year a facility is submitting for. The information on the Mutual Aid Agreements and/or contracts must match with the information submitted on other areas of the Residential Health Care Facilities website (i.e., Hosting Menu). Failure to do so will delay approval of your facility’s CEMP information. Facilities with a maximum licensed capacity of six (6) may use a personal residence as a secondary receiving facility. A facility identifying a personal residence as a “receiving facility” must use the second template labeled, “Mutual Aid Agreement (Personal Residence)”. To expedite review of a contract, please highlight and/or underline the expiration date of the contract. All signatures and dates on the Mutual Aid Agreement(s) must be hand-signed and dated. *When uploading the Mutual Aid Agreement and/or vendor contract(s) do not include this page.***



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**MUTUAL AID AGREEMENT**

This agreement to provide mutual aid by and between my facility (*Transfer Facility),* \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Receiving Facility*), with respect to the following:

**Purpose:**

The *Receiving Facility* hereby agrees to provide support to the *Transfer Facility* by providing shelter to \_\_\_\_\_\_clients (*number of clients sheltered*) of the *Transfer Facility* should that facility be faced with an emergency that requires an evacuation.

**Transfer Facility:**

The *Transfer Facility* agrees to bring with them accompanying staff for their clients to ensure adequate staffing throughout the emergency and to ensure continuity of care. In addition, they will bring with them the necessary provisions for the care of their clients. Any other arrangements made between the above-mentioned facilities not specified in this agreement is defined in the facility’s Comprehensive Emergency Management Plan (CEMP).

**Receiving Facility:**

The *Receiving Facility* hereby agrees to host clients from the *Transfer Facility*. The *Receiving Facility* will make adequate arrangements for receipt of *Transfer Facility* clients to include providing supplementary staff to assist with incoming clients, allocation of an area within the facility to shelter incoming clients, and honor any other arrangements made between the above-mentioned facilities to ensure the safety and wellbeing of all clients.

|  |  |
| --- | --- |
| **Transfer Facility:** | **Receiving Facility:** |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Facility Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Facility Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I hereby attest that I physically signed this Agreement on the date specified in this document. | I hereby attest that I physically signed this Agreement on the date specified in this document. |
| *Section below to be completed if someone other than the individuals listed above (e.g., consultant)*  *assisted in preparing this document.* |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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*Only applicable for facilities with a maximum licensed capacity of 6.*

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**MUTUAL AID AGREEMENT (PERSONAL RESIDENCE)**

This agreement to provide mutual aid by and between my facility (*Transfer Facility),* \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (*Homeowner Name*), with respect to the following:

**Purpose:**

The *Homeowner* hereby agrees to provide support to the *Transfer Facility* by providing shelter to \_\_\_\_\_\_clients (*number of clients sheltered*) of the *Transfer Facility* should that facility be faced with an emergency that requires an evacuation.

**Transfer Facility:**

The *Transfer Facility* agrees to bring with them accompanying staff for their clients to ensure adequate staffing throughout the emergency and to ensure continuity of care. In addition, they will bring with them the necessary provisions for the care of their clients. Any other arrangements made between the *Transfer Facility* and the *Homeowner* not specified in this agreement is defined in the facility’s Comprehensive Emergency Management Plan (CEMP).

**Home Owner:**

The *Homeowner* hereby agrees to host clients from the *Transfer Facility*. The *Homeowner* will make adequate arrangements for receipt of *Transfer Facility* clients to include allocation of an area within the home to shelter incoming clients and honor any other arrangements made between the *Homeowner* and *Transfer Facility* to ensure the safety and wellbeing of all clients. The *Homeowner* certifies that at the time of an emergency the residence is safe to inhabit, is not located in an area being evacuated and has access to a power source onsite to ensure temperature control of the shelter area.

|  |  |
| --- | --- |
| **Transfer Facility:** | **Personal Residence:** |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Facility Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Owner Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Owner Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I hereby attest that I physically signed this Agreement on the date specified in this document. | I hereby attest that I physically signed this Agreement on the date specified in this document. |
| *Section below to be completed if someone other than the individuals listed above (e.g., consultant)**assisted in preparing this document.* |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |