Description: slogan

**Miami Dade County Department of Emergency Management**

9300 NW 41st Street

Miami, FL 33178

Email: [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

Phone: 305-468-5400

Fax: 305-468-5401

**LIST OF ITEMS FOR EACH CLIENT AT TIME OF EVACUATION INSTRUCTIONS**

**Miami-Dade County Department of Emergency Management requires that all facilities provide a list of items that must be transported on behalf of all a facility’s clients at the time of an emergency evacuation. The list should be thorough and include all items a client may need throughout an emergency. The List of Items for Each Client at Time of Evacuation template can only be used by adult day care centers and ambulatory surgical centers. All other facilities must submit their facility’s checklist(s). Lists must be submitted on an annual basis. All signatures and dates on the List of Items for Each Client at Time of Evacuation template must be hand-signed and dated. *When uploading the List of Items for Each Client at Time of Evacuation document do not include this page.***

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**LIST OF ITEMS FOR EACH CLIENT AT TIME OF EVACUATION**

**(ONLY FOR ADULT DAY CARES & AMBULATORY SURGICAL CENTERS)**

In the event of an emergency evacuation or facility closure, clients onsite will leave with all personal belongings, including medication and/or medical equipment. If evacuating to another facility, provisions, including facility and medical records, will be transported at the time clients are being evacuated. Staff onsite will ensure that clients will leave with their belongings and all required provisions are transported to the Receiving Facility.

Individual(s) in charge of overseeing this process:

|  |  |
| --- | --- |
| Primary Contact First and Last Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional First and Last Name (*if applicable)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department *(if applicable)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fax | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cellular | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pager | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby attest that I physically signed on the date specified in this document.

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| --- | --- |
| *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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