

2026 HURRICANE SEASON – EMERGENCY EVACUATION PICK-UP SITES

Miami-Dade County encourages individuals living in storm surge planning zones and mobile homes to have arrangements in place to stay outside of the areas called for evacuations during a tropical storm or hurricane. These arrangements should be in place prior to the start of hurricane season (June 1st).

For those unable to make such arrangements, Miami-Dade County will open Evacuation Centers as shelters of last resort. Individuals that are unable to provide their own transportation to an Evacuation Center can use public evacuation transportation.

Miami-Dade Transit will activate specific Emergency Evacuation Bus Pick-Up Sites by zone (pages 2-4) as directed by the Miami-Dade County Office of Emergency Management. In addition to the zones, mobile home parks are vulnerable to high winds and have designated Evacuation Bus Pick-Up Sites (pages 5-6). If a designated Emergency Evacuation Bus Pick-Up site is not located near you, regular Miami-Dade Transit bus service will continue and residents can utilize regular routes to get to an evacuation bus pick-up site. Residents can use the trip planner at: <http://www.miamidade.gov/transit/metrobus.asp>.

Emergency Evacuation Bus Pick-Up Sites are identified by a sign that reads “**EMERGENCY EVACUATION BUS PICK-UP SITE**.” The buses placed into service for the evacuation will have displays that read “**EMERGENCY EVACUATION**” and these buses will only travel between Emergency Evacuation Bus Pick-Up Sites and Evacuation Centers. Please note that the evacuation areas will be determined individually for each storm.

To learn which Emergency Evacuation Bus Pick-Up Sites are active during a particular storm you should listen to the local media, monitor the County’s website at <http://miamidade.gov/>, or contact Miami-Dade 311 Contact Center.



ZONE A PICK-UP SITES

(sorted by City)

ZONE A - EVACUATION BUS PICK-UP SITE	ADDRESS	CITY	ZIP
EAST RIDGE RETIREMENT VILLAGE	SW 193 TERR & SW 87 AVE	CUTLER BAY	33157
THE COVE CONDOMINIUM COMMUNITY	21121 -21133 SW 85 AV	CUTLER BAY	33189
VILLAGE OF KEY BISCAYNE FIRE STATION	CRANDON BD & E ENID DR	KEY BISCAYNE	33149
DORSET HOUSE	2500 NE 135 ST	NORTH MIAMI	33181
STRATFORD CONDOMINIUMS	NE 163 ST & NE 28 AVE	NORTH MIAMI BEACH	33160
EASTERN SHORE SHOPPING CENTER	NE 163 ST & NE 35 AVE	NORTH MIAMI BEACH	33160
TARGET SHOPPING CENTER	NE 140 ST & BISCAYNE BLVD	NORTH MIAMI BEACH	33181
WESTMINSTER CHRISTIAN SCHOOL	6855 SW 152 ST	PALMETTO BAY	33157

ZONE B PICK-UP SITES

ZONE B - EVACUATION BUS PICK-UP SITE	ADDRESS	CITY	ZIP
CORPORATE CENTER OF AVENTURA	NE 209 ST & BISCAYNE BLVD	AVENTURA	33180
BAL HARBOUR VILLAGE HALL	655 96 ST	BAL HARBOR VILLAGE	33154
HARBOR HOUSE CONDOS	10285 COLLINS AVE	BAL HARBOR VILLAGE	33154
BAY HARBOR TOWN HALL	9665 BAY HARBOR TERR	BAY HARBOR ISLANDS	33154
CUTLER RIDGE PARK	10100 SW 200 ST	CUTLER BAY	33157
FRANJO PARK	20175 FRANJO RD	CUTLER BAY	33189
SOUTHLAND MALL (SOUTHSIDE)	10850 SW 211 ST	CUTLER BAY	33189
FLORIDA CITY - CITY HALL	404 W PALM DR	FLORIDA CITY	33034
SOUTH DADE CAMP	13600 SW 312 ST	HOMESTEAD	33033
STANLEY AXLRD UTD TOWERS	1809 BRICKELL AVE	MIAMI	33129
CULMER METRORAIL STATION	701 NW 11 STREET	MIAMI	33136
REBECCA TOWERS SOUTH	150 ALTON RD	MIAMI BEACH	33139
COUNCIL TOWERS SOUTH	533 COLLINS AVE	MIAMI BEACH	33139
SOUTH BAY CLUB	800 WEST AVE	MIAMI BEACH	33139
SOUTH SHORE COMMUNITY CENTER	833 6 ST	MIAMI BEACH	33139
STREET LOCATION	920 ALTON RD	MIAMI BEACH	33139
OCEAN FRONT AUDITORIUM	1001 OCEAN DR	MIAMI BEACH	33139
CVS PHARMACY (EAST SIDE)	14 ST & ALTON RD	MIAMI BEACH	33139
IDA FISHER COMMUNITY SCHOOL	1424 DREXEL AVE	MIAMI BEACH	33139
EUCLID GARDENS CONDOMINIUM	1575 EUCLID AVE	MIAMI BEACH	33139

ZONE B PICK-UP SITES Continued

ZONE B - EVACUATION BUS PICK-UP SITE	ADDRESS	CITY	ZIP
MIAMI BEACH CITY HALL	1700 CONVENTION CENTER DR	MIAMI BEACH	33139
ALTON POINTE	1965 ALTON RD	MIAMI BEACH	33139
MIAMI BEACH GOLF CLUB	2301 ALTON RD	MIAMI BEACH	33140
SCOTT RAKOW YOUTH CENTER	2700 SHERIDAN AVE	MIAMI BEACH	33140
EDITION HOTEL (EAST SIDE)	29 ST & COLLINS AVE	MIAMI BEACH	33140
CROWN HOTEL	4041 COLLINS AVE	MIAMI BEACH	33140
TEMPLE BETH SHALOM	4144 CHASE AVE	MIAMI BEACH	33140
SHERRY FRONTENAC HOTEL	6565 COLLINS AVE	MIAMI BEACH	33141
STREET INTERSECTION	NORMANDY DR & RUE VERSAILLES	MIAMI BEACH	33141
NORMANDY POOL	71 ST & TROUVILLE ESPLANADE (Normandy Dr.)	MIAMI BEACH	33141
NORTH SHORE PARK	72 ST & BYRON AVE	MIAMI BEACH	33141
NORTH SHORE LIBRARY	75 ST & COLLINS AVE	MIAMI BEACH	33141
BISCAYNE ELEMENTARY	800 77 ST	MIAMI BEACH	33141
STREET INTERSECTION	79 ST & HAWTHORNE AVE	MIAMI BEACH	33141
STREET INTERSECTION	81 ST & COLLINS AVE	MIAMI BEACH	33141
ST. JOSEPH'S SCHOOL	8625 BYRON AVE	MIAMI BEACH	33141
KLA SCHOOL	7800 HISPANIOLA AVE	NORTH BAY VILLAGE	33141
ARLEN HOUSE CONDOMINIUMS	BAYVIEW DR. & COLLINS AVE	SUNNY ISLES BEACH	33160
WINSTON TOWERS BLDG 300	230 174 ST	SUNNY ISLES BEACH	33160
WINSTON TOWERS BLDG 100	250 174 ST	SUNNY ISLES BEACH	33160
STREET INTERSECTION	189 ST & COLLINS AVE	SUNNY ISLES BEACH	33160
OCEAN VIEW	193 ST & COLLINS AVE	SUNNY ISLES BEACH	33160
SURFSIDE TOWN CITY HALL	9293 HARDING AVE	SURFSIDE	33154
HUD - PINE ISLAND	SW 272 ST & SW 127 AVE	UNINCORPORATED	33032

ZONE C PICK-UP SITES

ZONE C - EVACUATION BUS PICK-UP SITE	ADDRESS	CITY	ZIP
OFFICE DEPOT SHOPPING CENTER	NE 179 ST & BISCAYNE BLVD	AVENTURA	33160
LAURA SAUNDERS ELEMENTARY	505 SW 8 ST	HOMESTEAD	33030
HARRIS FIELD	1034 NE 8 ST	HOMESTEAD	33030
STREET INTERSECTION	9050 BISCAYNE BLVD	MIAMI SHORES	33138
BAY VIEW TOWERS	2100 SANS SOUCI BLVD	NORTH MIAMI	33181
CHRIST FELLOWSHIP CHURCH	8900 SW 168 ST	PALMETTO BAY	33157
MAYS MIDDLE SCHOOL	11700 SW 216 ST	UNINCORPORATED	33170
LARRY/PENNY THOMPSON	12451 SW 184 ST	UNINCORPORATED	33177
DADELAND NORTH METRORAIL STATION	8300 SOUTH DIXIE HIGHWAY	UNINCORPORATED	33143

ZONE D PICK-UP SITES

ZONE D - EVACUATION BUS PICK-UP SITE	ADDRESS	CITY	ZIP
POLICE ATHLETIC LEAGUE GYM	600 SW 14 AVE	HOMESTEAD	33030
WILLIAM B. DICKINSON COMMUNITY CENTER	1601 N. KROME AVE	HOMESTEAD	33030
WEST PERRINE COMMUNITY ACTION AGENCY	17801 HOMESTEAD AVE	UNINCORPORATED	33157
8-1/2 SQUARE MILE	SW 168 ST & SW 197 AVE	UNINCORPORATED	33187
WEST KENDALL TRANSIT TERMINAL	9155 SW 162 AVE	UNINCORPORATED	33196
MIAMI DADE COLLEGE - KENDALL CAMPUS	11011 SW 104 ST	UNINCORPORATED	33176
CORAL REEF PARK AND RIDE LOT	SW 152 ST & 117 AVE	UNINCORPORATED	33177
STREET LOCATION	950 SW 68 AVE	UNINCORPORATED	33144
STREET LOCATION	NE 120 ST & NE 16 AVE	UNINCORPORATED	33161
STREET LOCATION	19800 W DIXIE HWY	UNINCORPORATED	33180

ZONE E PICK-UP SITES

ZONE E - EVACUATION BUS PICK-UP SITE	ADDRESS	CITY	ZIP
8-1/2 SQUARE MILE	SW 136 ST & SW 202 AVE	UNINCORPORATED	33196

2026 HURRICANE SEASON – EMERGENCY EVACUATION PICK-UP SITES

HURRICANE EVACUATION – MOBILE HOME PARKS (Part 1 of 2)

MOBILE HOME - EVACUATION BUS PICK-UP SITE (SORTED BY ZIPCODE)	ADDRESS	CITY	ZIP
PALM LAKE & WYNKEN BLYNKEN & NOD	W 28 ST & W 14 AVE	HIALEAH	33010
PALMETTO TRAILER ESTATES	3205 W 16 AVE	HIALEAH	33012
HIBISCUS & SUNNY GARDENS TRAILER PARKS	3000 W 16 AVE	HIALEAH	33012
HOLIDAY ACRES MOBILE HOME PARK	1401 W 29 ST	HIALEAH	33012
STRAWBERRY VILLAGE TRAILER PARK	1451 W 29 ST	HIALEAH	33012
HIALEAH TRAILER PARK	425 E 33 ST	HIALEAH	33013
COURTLY MANOR	12401 W OKEECHOBEE RD	HIALEAH GARDENS	33018
JONES FISHING CAMP TRAILER PARK	14601 NW 185 ST	UNINCORPORATED	33018
AQUARIUS MOBILE HOME PARK	451 E LUCY ST	HOMESTEAD	33030
BOARDWALK MOBILE HOME PARK	100 NE 6 AVE	HOMESTEAD	33030
COCOWALK ESTATES	220 NE 12 AVE	HOMESTEAD	33030
HOMESTEAD TRAILER PARK	E MOWRY DR & SE 2 RD	HOMESTEAD	33030
PRINCETONIAN MOBILE HOME PARK	12900 SW 253 TERR	UNINCORPORATED	33032
LEISURE EAST (PALM GARDENS RV PARK)	28300 SW 147 AVE	UNINCORPORATED	33033
PALM GARDENS MOBILE HOME PARK	28501 SW 152 AVE	UNINCORPORATED	33033
PINE ISLE MOBILE HOME PARK	28600 SW 132 AVE	UNINCORPORATED	33033
ANDREW CENTER	19308 SW 380 ST	UNINCORPORATED	33034
FLORIDA CITY CAMP SITE & RV PARK	601 NW 3 AVE	FLORIDA CITY	33034
GATEWAY ESTATES MOBILE HOME PARK	35250 SW 177 CT	UNINCORPORATED	33034
GOLDCOASTER TRAILER PARK	SW 348 ST & SW 187 AVE	UNINCORPORATED	33034
SOUTHERN COMFORT TRAILER PARK	345 E PALM DR	FLORIDA CITY	33034
HONEY HILL	4955 NW 199 ST	UNINCORPORATED	33055
ROYAL COUNTRY	5555 NW 202 TERR	OPALOCKA	33055
RIVIERA PARK	NW 199 ST & NW 37 AVE	MIAMI GARDENS	33056
FLAGAMI PARADISE TRAILER PARK	2750 NW SOUTH RIVER DR	MIAMI	33125
GABLES TRAILER PARK	SW 8 ST & SW 44 AVE	UNINCORPORATED	33134
SILVER COURT TRAILER PARK	SW 8 ST & SW 32 AVE	MIAMI	33135
LITTLE FARM MOBILE COURT	NE 85 ST & BISCAYNE BLVD	MIAMI	33138
ALL STAR 36 STREET	NW 35 ST & NW 30 AVE	UNINCORPORATED	33142
CARELY'S & BLUE BELL TRAILER PARK	NW 41 ST & NW 37 AVE	UNINCORPORATED	33142
RIVER PARK TRAILER	2260 NW 27 AVE	UNINCORPORATED	33142
ROYAL DUKE	3620 NW 30 AVE	UNINCORPORATED	33142
LION MIAMI TERRACE TRAILER PARK	1040 SW 70 AVE	UNINCORPORATED	33144

2026 HURRICANE SEASON – EMERGENCY EVACUATION PICK-UP SITES

HURRICANE EVACUATION – MOBILE HOME PARKS (Part 2 of 2)

MOBILE HOME - EVACUATION BUS PICK-UP SITE (SORTED BY ZIPCODE)	ADDRESS	CITY	ZIP
SUNNYSIDE TRAILER PARK	6024 SW 8 ST	WEST MIAMI	33144
WESTHAVEN TRAILER PARK	6020 SW 8 ST	WEST MIAMI	33144
J BAR J MOBILE HOME PARK	2980 NW 79 ST	UNINCORPORATED	33147
MIAMI HEIGHTS TRAILER PARK	3520 NW 79 ST	UNINCORPORATED	33147
PALM LAKE MOBILE HOME PARK	7600 NW 27 AVE	UNINCORPORATED	33147
TROPICAL VILLAGE	1398 NW 79 ST	UNINCORPORATED	33147
COLONIAL ACRES MOBILE HOME PARK	9674 NW 10 AVE	UNINCORPORATED	33150
LITTLE RIVER MOBILE HOME PARK	215 NW 79 ST	UNINCORPORATED	33150
ROVELL TRAILER PARK	939 NW 81 ST	UNINCORPORATED	33150
SUNNYLAND TRAILER PARK & TRINIDAD COURT	NW 79 ST & NW MIAMI CT	UNINCORPORATED	33150
WESTLAND MOBILE HOME PK	1175 NW 79 ST	UNINCORPORATED	33150
SHADY OAK & SIXTH AVE TRAILER PARK	NE 147 ST & NE 6 AV	UNINCORPORATED	33161
MEDLEY MOBILE HOME PARK	8181 NW SOUTH RIVER DR	MEDLEY	33166
REDLAND MOBILE HOME PARK	17360 SW 232 ST	UNINCORPORATED	33170
SILVER PALM MOBILE HOME PARK	17350 SW 232 ST	UNINCORPORATED	33170
LIL' ABNER MOBILE HOME PARK	11239 NW 4 TERR	UNINCORPORATED	33172
LARRY/PENNY THOMPSON	12451 SW 184 ST	UNINCORPORATED	33177
MEDLEY LAKESIDE RETIREMENT PARK	10601 NW 105 WAY	MEDLEY	33178
HIGHLAND VILLAGE MOBILE HOME PARK	13565 NE 21 AVE	NORTH MIAMI BEACH	33181
BISCAYNE BREEZE PARK	11380 BISCAYNE BLVD	UNINCORPORATED	33181
UNIVERSITY LAKES TRAILER PARK	12850 SW 14 ST	UNINCORPORATED	33184
AMERICANA VILLAGE CONDO	19800 SW 180 AVE	UNINCORPORATED	33187
MIAMI-EVERGLADES KAMPGROUND	20675 SW 162 AVE	UNINCORPORATED	33187
GATOR PARK MOBILE HOME PARK	24050 SW 8 ST	UNINCORPORATED	33194



American Red Cross



2026 EVACUATION CENTERS

Evacuating locally to the home of a friend or family member outside of the evacuation area is highly recommended. Hurricane Evacuation Centers should be utilized when that alternative does not exist. Remember, evacuation centers are not designed for comfort and not all accept pets.

NOT EVERY SITE WILL OPEN FOR EVERY EVACUATION!

Please monitor the local radio or television, or dial 3-1-1 (TDD (305) 468-5402) to find out which centers are open when an evacuation order is announced. People who require special assistance in evacuating can dial 3-1-1 to get information about specialized evacuation centers.

The schools listed below are accessible for people with disabilities. 

Facility Name	Address	City/Neighborhood	Zip Code
Northeast Miami-Dade County			
Dr. Michael M. Krop Senior	1410 NE 215 th Street	North Miami-Dade	33179
Highland Oaks Middle	2375 NE 203 rd Street	North Miami-Dade	33180
North Miami Beach Senior	1247 NE 167 th Street	North Miami Beach	33162
North Miami Senior	13110 NE 8 th Avenue	North Miami	33161
Miami Central Senior	1781 NW 95 th Street	Miami	33147
Northwest Miami-Dade County			
Miami Carol City Senior	3301 Miami Gardens Drive	Miami Gardens	33056
Lawton Chiles Middle	8190 NW 197 th Street	Northwest Miami-Dade	33015
Country Club Middle	18305 NW 75 th Place	Northwest Miami-Dade	33015
Barbara Goleman Senior	14100 NW 89 th Avenue	Miami Lakes	33018
Hialeah Gardens Senior	11700 Hialeah Gardens Blvd.	Hialeah Gardens	33018
Central Miami-Dade County			
Booker T. Washington Senior	1200 NW 6 th Avenue	City of Miami	33136
Charles Drew Middle	1801 NW 60 th Street	City of Miami	33142
Ronald Reagan Senior	8600 NW 107 th Avenue	Doral	33178
Miami Coral Park Senior	8865 SW 16 th Street	Westchester	33165
W.R. Thomas Middle	13001 SW 26 th Street	West Miami-Dade	33175
Southern Miami-Dade County			
South Miami Senior	6856 SW 53 rd Street	South Miami	33155
Terra Environmental Senior	11005 SW 84 th Street	Miami	33173
Felix Varela Senior	15255 SW 96 th Street	West Kendall	33196
Robert Morgan Senior	18180 SW 122 nd Avenue	Miami	33177
South Dade Senior	28401 SW 167 th Avenue	Homestead	33030



Miami-Dade County Emergency and Evacuation Assistance Program

Applicant Instructions and Information

The Emergency and Evacuation Assistance Program (EEAP) is designed for individuals living at home that need assistance with evacuation and sheltering. Additionally, the program may also be utilized post disaster to provide other assistance such as wellness checks. 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 County residents are expected to make their own plans to 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. However, the County realizes that some individuals may need assistance. Individuals 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 the Miami-Dade County Office of Emergency Management (OEM) will contact you if further clarification is necessary.

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What You Should Know To Be Evacuation Ready:

- The EEAP registry is used for any emergency requiring evacuation.
- **Do not wait until an evacuation order is given to request being added to the Registry.**
- Resources are limited and pre-registered clients will have priority when an emergency arises.
- Evacuation centers do not offer the same level of care equipment available as health care facilities.
- Only basic medical care and assistance are available.
- Special needs enhanced beds and cots are provided on a limited basis.
- Individuals requiring a higher level of medical care 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 manners.**
- If you have a special diet, bring those dietary items with you so as you to ensure the highest level of comfort.
- Remember to bring a disaster kit that includes: bedding, medications, and personal supplies (food, water, and medical equipment).
- 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 semi-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 Support Line at (305) 513-7700. Please keep a copy of the complete application for your records and mail the original to:

**Miami-Dade County Office of Emergency Management
Emergency and Evacuation Assistance Program
9300 NW 41 Street, Doral, 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 Miami-Dade County 3-1-1 Answer Center by dialing 3-1-1 or calling (305) 468-5900 (TTY/TDD users call (305) 468-5402). For more information or to complete on line visit:
www.miamidade.gov/fire/eeap.asp

Application for the Emergency and 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.

Which type of assistance are you interested in?

- ☐ **Evacuation Assistance** (doctor's signature may be necessary based on medical needs.)
☐ **Wellness Check** (to have someone contact you post-disaster)

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 _____

Emergency Contacts:

Local _____ Relationship _____ Phone (____) _____

Non-Local _____ Relationship _____ Phone (____) _____

*****People who are only requesting a Wellness Check are encouraged but not required to continue completing the rest of the application.*****

Will you have a companion/caretaker accompanying you to the evacuation center? ☐ Yes ☐ No

Companion's name _____ 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)

☐ Personal care (dressing/toileting)

☐ Mobility (walking/transferring)

☐ Feeding

☐ Visual guidance (☐ blind ☐ visual impairment)

☐ Administering medication

☐ Communicating (☐ deaf ☐ nonverbal)

☐ Airway suctioning

☐ Skilled medical care (☐ intermittent ☐ continuous)

☐ Wound care

☐ Mental health care (☐ intermittent ☐ continuous)

If yes, what type of wound: _____

☐ Other (please explain): _____

I use: ☐ Wheelchair (I can transfer myself ☐ Yes ☐ No) ☐ Walker ☐ Cane ☐ Crutches

☐ Other Durable Medical Equipment (specify) _____ ☐ Service animal

Do you require oxygen? ☐ Intermittent ☐ Continuous ☐ No

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 (Check all that apply)

- | | | |
|--|--|--|
| ☐ Alzheimer's Disease
☐ early ☐ moderate ☐ advanced | ☐ Chronic Obstructive Pulmonary Disease (COPD)
(Chronic Bronchitis / Emphysema)
☐ intermittent oxygen
☐ continuous oxygen | ☐ Hip replacement
☐ ambulatory
☐ non-ambulatory |
| ☐ Dementia | | ☐ Cerebrovascular Accident (CVA) |
| ☐ Cerebral Palsy | | ☐ Cystic Fibrosis |
| ☐ Psychosis
☐ controlled ☐ uncontrolled | ☐ Cardiac
☐ stable ☐ unstable | ☐ Diabetes
☐ Insulin dependent
☐ Non-insulin dependent |
| ☐ Parkinson's Disease
☐ early ☐ moderate ☐ advanced | ☐ Dialysis | |
| ☐ Neuro-muscular disorders
☐ early ☐ moderate ☐ advanced | ☐ Knee replacement
☐ ambulatory
☐ non-ambulatory | ☐ Seizures
☐ controlled ☐ uncontrolled |
| | | ☐ None |

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, Miami-Dade County will determine which emergency and 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 I should need emergency medical treatment while being evacuated or at an evacuation center, then I will be responsible for the applicable 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 Miami-Dade County, 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 Miami-Dade County 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 County Office of Emergency Management, 9300 NW 41 St, Miami, FL 33178. Attention: EEAP.*

I understand that if I choose to revoke this Authorization, I will not receive evacuation assistance.

Signature of Applicant: _____ Date: _____

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

Name _____ Phone (____) _____



Emergency Management

Emergency and Evacuation Assistance Program

9300 NW 41st Street

Miami Florida 33178-2312

125_01-220 7/15



Condado de Miami-Dade

Programa de asistencia para evacuación en caso de emergencias Instrucciones e información para el solicitante

El Programa de asistencia para evacuación en caso de emergencias (EEAP) está concebido para las personas que vivan en sus hogares y que necesiten asistencia para ser evacuados y acudir a un refugio. Además, el programa también puede ser utilizado para recibir una llamada y así comprobar que todo esté bien después de un desastre. Los residentes de instalaciones de residencia asistida (ALF, sigla en inglés) o residencias para la tercera edad no califican para este programa debido a que estos negocios tienen sus propios planes de emergencia para asistir a sus clientes.

Por favor, tenga en cuenta que se espera que todos los residentes del Condado de Miami-Dade elaboren sus propios planes para evacuar a sus familias y mascotas. Es importante que todas las personas se responsabilicen por su propia seguridad y que elaboren un plan que incluya dónde ir, a quién contactar, qué artículos traer y cómo llegar al sitio. Sin embargo, el Condado entiende que algunas personas pueden necesitar asistencia. Las personas que cumplan con una de las siguientes categorías pueden recibir asistencia del Condado:

- Personas que necesiten transporte especial y/o que no tengan medios de transporte.
- Personas cuyas necesidades médicas les impidan evacuarse por sí mismos.

Por favor, tenga en cuenta que al tramitar su solicitud, un representante de La Oficina de Manejo de Emergencias (OEM) del Condado de Miami-Dade se comunicará con usted de ser necesaria una mayor aclaración.

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Lo que debe saber para estar listo en caso de una evacuación:

- El registro del Programa de asistencia para evacuación en caso de emergencias (EEAP) se utiliza para cualquier situación de emergencia que requiera evacuación.
- **No espere hasta que se emita una orden de evacuación para pedir que se le incluya en el registro del programa EEAP.**
- Los recursos son limitados; por lo tanto, las personas inscritas tendrán prioridad en caso de emergencia.
- En los centros de evacuación no se ofrece el mismo nivel de atención o tecnología de equipos disponibles que existen en las instalaciones de atención médica.
- Solamente se cuenta con la atención y asistencia médica básicas.
- Las camas y catres mejorados para personas con necesidades especiales se ofrecen de manera limitada.
- A las personas que necesiten un nivel de atención médica superior se les dará refugio en hospitales locales que participen en el programa.
- **Debido al número limitado de personal, le sugerimos que su cuidador le acompañe y permanezca con usted durante su estadía en el centro de evacuación para garantizar que se atiendan sus necesidades de manera oportuna.**
- Si usted sigue una dieta especial, traiga esos alimentos dietéticos para asegurarse de tener el mayor nivel de comodidad posible.
- Recuerde traer un maletín para desastres con los siguientes artículos: ropa de cama, medicamentos y suministros personales (alimentos, agua y equipos médicos).
- Asegúrese de ingerir alimentos antes de salir de su vivienda.
- En todos los centros para evacuación del Condado de Miami-Dade se admiten personas acompañadas con animales de servicio.
 - Si usted tiene un animal de servicio, por favor, incluya sus alimentos y suministros en el maletín para desastres.

Es necesario completar todas las secciones de esta solicitud. Si usted necesita un nivel de atención médica superior, su médico de cabecera (PCP) debe llenar y firmar esta solicitud antes de enviarla a nuestra oficina. Si más de una persona en su hogar necesita asistencia médica durante la evacuación, cada una de esas personas debe llenar una planilla por separado. Se le enviarán por correo las instrucciones especiales una vez tramitada su solicitud.

A usted se le llamará semestralmente para que vuelva a afirmar la necesidad de seguir participando en este programa. No es necesario que llene una solicitud cada año. Si tiene alguna pregunta, llame a la Línea de Ayuda de EEAP al 305-513-7700. **Por favor, guarde una copia de esta solicitud rellena para su uso personal y envíe por correo el original a:**

**Miami-Dade County Office of Emergency Management
Emergency and Evacuation Assistance Program
9300 NW 41 Street, Doral, FL 33178**

Esta planilla está disponible en inglés, español y Creole Haitiano. Para solicitar este material en otro formato como sistema Braille, letra grande de imprenta o de forma electrónica, llame al (305) 468-5900.

Si necesita consejos sobre preparación en caso de desastres, llame al Centro de Información 3-1-1 del Condado de Miami-Dade, marcando 3-1-1 o el (305) 468-5900 (los usuarios del sistema TTY/TDD deben llamar al (305) 468-5402). Para más información o para completar la solicitud en línea, visite:

www.miamidade.gov/fire/eeap.asp

Solicitud del Programa de asistencia para evacuación en caso de emergencias

POR FAVOR, ESCRIBA EN LETRA LEGIBLE

Sírvase leer las instrucciones en la página uno y llene esta solicitud completamente, de lo contrario se le devolverá.

¿Qué tipo de asistencia le interesaría recibir?

- ☐ Asistencia para evacuación (se requiere la firma del médico en dependencia de las necesidades médicas)
☐ Llamadas por teléfono para saber si esta bien (para que alguien lo llame posterior a un desastre.)

Fecha de solicitud ____/____/____ ¿Es usted veterano del ejército de EE.UU? ☐ Sí ☐ No

Apellido _____ Nombre _____ Inicial _____ Sexo ☐ M ☐ F

Fecha de Nacimiento ____/____/____ Idioma primario _____

Tipo de vivienda ☐ Casa/Dúplex ☐ Apto/Condominio (Piso ____) ☐ Casa móvil/Tráiler

Dirección _____ # Apto _____ # Edificio _____

Nombre del complejo o subdivisión _____

Ciudad _____ Código postal _____

Dirección postal (si es diferente de la anterior) _____

Teléfono de la casa (____) _____ (Línea TTY/TDD ☐ Sí) Otro teléfono (____) _____

Condición de vivienda ☐ Solo ☐ Con familiar ☐ Cuidador ☐ Otra opción _____

¿Un acompañante/cuidador irá con usted al centro de evacuación? ☐ Sí ☐ No

Nombre del acompañante _____ Teléfono(____) _____

Persona a quién se debe contactar en caso de emergencia:

En su área _____ Relación _____ Teléfono (____) _____

Fuera de su área _____ Relación _____ Teléfono (____) _____

Se les recomienda a aquellas personas que solo estén solicitando una llamada por teléfono para saber si están bien, que terminen de completar el resto de la solicitud, aunque no es obligatorio hacerlo.

Requisitos de transporte

¿Usted necesita que le transporten a un centro de evacuación? ☐ Sí ☐ No

Si dijo sí, por favor diga el motivo.

☐ No tengo automóvil.

☐ No puedo caminar hasta el punto de recogida del bus.

¿Cuántas personas hay que evacuar? _____

☐ No conozco a nadie que me pueda transportar.

☐ Mis necesidades médicas me impiden evacuar por mí mismo.

¿Qué tipo de asistencia necesita usted a diario? (Marque todas las que correspondan)

☐ Atención personal (vestirse/ir al baño)

☐ Alimentación

☐ Administración de medicamentos

☐ Succión de vía respiratoria

☐ Cuidado de heridas

Si dijo sí, qué tipo de herida: _____

☐ Movilidad (caminar/traslados)

☐ Guía visual (☐ ciego ☐ con deficiencia visual)

☐ Comunicación (☐ sordo ☐ incapaz de expresarse)

☐ Atención médica especial (☐ intermitente ☐ continua)

☐ Atención médica mental (☐ intermitente ☐ continua)

☐ Otra (especifique): _____

Yo uso ☐ Silla de ruedas (Me puedo trasladar sin ayuda ☐ Sí ☐ No) ☐ Andador ☐ Bastón ☐ Muletas

☐ Otro equipo médico duradero (especifique) _____ ☐ Animal de servicio

¿Necesita usted oxígeno? ☐ Intermitente ☐ Continuo ☐ No

Proveedor del oxígeno _____ Teléfono(____) _____

¿Usa usted equipo médico que funciona con electricidad? ☐ Sí ☐ No (☐ intermitente ☐ continuo)

Especifique el tipo de equipo médico _____

¿Recibe usted atención médica para enfermos terminales o en el hogar? ☐ Sí ☐ No Si dijo sí, ¿cuántas horas al día? _____

Agencia _____ Teléfono (____) _____

Estoy confinado(a) a mi cama ☐ Sí ☐ No

Peso más de 300 libras ☐ Sí ☐ No

Tengo las siguientes enfermedades (Marque todas las que correspondan)

- | | | |
|---|--|---|
| ☐ Enfermedad de Alzheimer
☐ inicial ☐ moderada ☐ avanzada | ☐ Obstrucción pulmonar crónica (COPD)
(Bronquitis/ Enfisema crónicos)
☐ oxígeno intermitente
☐ oxígeno continuo | ☐ Reemplazo de cadera
☐ ambulatorio
☐ no ambulatorio |
| ☐ Demencia | | ☐ Accidente cerebrovascular (CVA) |
| ☐ Parálisis cerebral | | ☐ Fibrosis cística |
| ☐ Psicosis
☐ controlada ☐ no controlada | ☐ Cardíaca
☐ estable ☐ no estable | ☐ Diabetes
☐ Dependiente de insulina
☐ No dependiente de insulina |
| ☐ Enfermedad de Parkinson
☐ inicial ☐ moderada ☐ avanzada | ☐ Diálisis | ☐ Epilepsia
☐ controlado ☐ no controlado |
| ☐ Trastornos neuromusculares
☐ iniciales ☐ moderados
☐ avanzados | ☐ Reemplazo de rodilla
☐ ambulatorio
☐ no ambulatorio | ☐ Ninguna |

Otra enfermedad _____

Para los evacuados que necesiten atención médica avanzada, esta sección debe ser rellena por el médico de cabecera (PCP) del paciente o por el enfermero en el hogar.

POR FAVOR, ESCRIBA EN LETRA LEGIBLE

Nombre del médico/enfermero _____ ☐ Teléfono (____) _____

Diagnóstico primario _____

Diagnóstico secundario _____

A mi leal saber y entender, la información proporcionada en esta planilla es correcta e íntegra.

Firma _____ Fecha _____

Número de licencia _____

Firma del solicitante y Regla de Privacidad (HIPAA) (Health Insurance and Accountability Act)

Certifico que esta información es correcta. Entiendo que, teniendo en cuenta esta solicitud y la información que he proporcionado, el Condado de Miami-Dade determinará qué tipo de asistencia para evacuación, si hubiera, se ofrecerá mediante este programa. **Entiendo que no hay costo alguno relacionado con el uso de cualquiera de los centros para evacuación en caso de desastres o los servicios de transporte del Condado. No obstante, en caso de que mi estado de salud empeorara y yo necesitara recibir tratamiento médico de emergencia durante la evacuación o en cualquier centro de evacuación, yo tendré la responsabilidad de pagar los cargos correspondientes incurridos una vez "que se me acepte como paciente" en un hospital.** Otorgo mi autorización a los profesionales de la salud, a las agencias de transporte y a otras personas que me brindan atención médica para divulgar cualquier información necesaria a fin de que puedan atender mis necesidades.

Ley de Privacidad de HIPAA: Según se define en la Ley de Privacidad de la Ley de Portabilidad y Responsabilidad de Seguros Médicos (HIPAA) de 1996, al firmar esta autorización, por la presente yo autorizo el uso y la divulgación por parte del Condado de Miami-Dade de mi información médica a fin de brindarme asistencia durante evacuaciones por casos de emergencia. Entiendo que la información utilizada o divulgada, conforme a esta autorización, puede estar sujeta a su divulgación por parte del receptor, con fines de evacuación, refugio, transporte o cualquier tipo de atención médica, según estos servicios. Entiendo que tengo el derecho de revocar esta autorización en cualquier momento, excepto en la medida en que el Condado de Miami-Dade haya emprendido medidas basándose en esta autorización. Entiendo que para revocar esta autorización debo presentar una petición por escrito en la Oficina de Manejo de Emergencias del Condado de Miami-Dade, 9300 NW 41 St, Miami, FL 33178. Atención EEAP.

Entiendo que si elijo revocar esta autorización, no recibiré asistencia para evacuación.

Firma del solicitante: _____ Fecha: _____

Nombre de quien llena esta solicitud (si no es el médico de cabecera del paciente o el enfermero en el hogar):

Nombre _____ Teléfono (____) _____



Emergency Management

Emergency and Evacuation Assistance Program

9300 NW 41st Street

Miami Florida 33178-2312

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