

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE GRANT MANAGEMENT UNIT

4126 Technology Way, Suite 100 Carson City, Nevada 89706

The Contingency Account for Victims of Human Trafficking (VHT)

Emergency Services Request Form

Submit to GMU@dhhs.nv.gov

Date:	
Agency Requesting Funds:	
Agency Contact:	
	_ Email:
Mailing Address:	
Client Information	
Client Identification Code:	ient name or social security number)
Client's Location County:	_ City:
Age:	Gender:
 Hispanic, Latino or Spanish Origin Not Hispanic, Latino or Spanish White Black African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander Multi-race (two or more of the above) 	

Nevada Department of Health and Human Services Helping People – It's Who We Are And What We Do VHT Emergency Services Request Form Page 2

Description and Justification of Client Need (e.g., emergency housing, transportation, medical care, description of the relation to trafficking):

Amount Requested:		
Signature of requestor:		
Printed Name of Requestor:		
Receipts required for reimbursement, attached:		
For Department Use Only		
Approved Amount \$		
Denied Reason For Denial:		
Make Check Payable to:		
Vendor Number verified in DAWN:		
Grants Management Unit Authorization		
Signature of DHHS – OCPG Program Specialist	Date	
DHHS Director Authorization (or Director's Designee)		
Signature	Date	

Check Issued: (date and check number)