

## 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:
<ul> <li>Hispanic, Latino or Spanish Origin</li> <li>Not Hispanic, Latino or Spanish</li> <li>White</li> <li>Black African American</li> <li>American Indian/Alaska Native</li> <li>Asian</li> <li>Native Hawaiian/Pacific Islander</li> <li>Multi-race (two or more of the above)</li> </ul>	

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)