



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE

4126 Technology Way, Suite 100
Carson City, Nevada 89706
<http://dhhs.nv.gov>

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: _____

Phone: _____ Email: _____

Mailing Address: _____

Client Information

Client Identification Code: _____
(please do not use client 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)

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:

Yes No

For Department Use Only

_____ Approved Amount \$ _____

_____ Denied

Reason For Denial: _____

Make Check Payable to: _____

Yes No

Vendor Number verified in DAWN: _____

VENDOR NUMBER

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)