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: ___________________________________________________________

Vendor Number verified in DAWN: ____________________________ ☐ Yes ☐ No

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)