



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: _____

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)

