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:

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)