Steve Sisolak Governor



DEPARTMENT OF HEALTH AND HUMAN SERVICES



Helping people. It's who we are and what we do.



Richard Whitley, MS Director

The Contingency Account for Victims of Human Trafficking (VHT)

Emergency Services Request Form

Submit to GMU@dhhs.nv.gov

Date: _				
Agency	Requesting Funds:			
Contac	t Person:			
Phone	Email:			
Mailin	Address:			
Client	nformation			
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 origin			
	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 On	ly	
Approved Amount \$		
Denied		
Reason for denial:		
Make check payable to:		
Vendor number verified in DAWN: Yes vendor number	No	
Check issued: (date and check number)		
Grants Management Unit Authorization		
Signature of DHHS, Grants Management Unit Program Specialist	Date	
DHHS, Director Authorization (or Director's designee)		
Signature	Date	