



DEPARTMENT OF HUMAN SERVICES

DIRECTOR'S OFFICE

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



Account for Victims of Human Trafficking (VHT)

Emergency Assistance Request Form

Submit to GMU@dhs.nv.gov

Date: _____

Agency Requesting Funds: _____

Contact Person: _____

Phone: _____ Email: _____

Mailing Address: _____

Amount Requested: \$ _____

Signature of Requestor: _____ Printed Name of Requestor: _____

Note: Receipts and bank/credit card statements with charges highlighted must be provided for reimbursement.

Client Information

Client Identification Code: _____

(please do not use client name or social security number)

Client's Location:

County: _____ City: _____

Age: _____

Description and justification of client need: (e.g., emergency housing, transportation, medical care, description of the relation to trafficking):

The following information is used to comply with the requirements set forth by NRS 239B.022 - 239B.026. Only the Department of Health and Human Services will have access to this information. Your responses will be kept private and secure. The information will not be used for a discriminatory purpose. Providing this information is voluntary.

Gender assigned at birth:

_____ Male _____ Female _____ Prefer Not to Disclose

