

<b>Specialist Homeless Service Details</b> <input type="checkbox"/> State Capital City <input type="checkbox"/> Regional			
Organisation			
ABN			
Delivery Address (no Post Office Box)			
Sate		Postcode	
Courier Instruct.	(eg. closed wednesday)		
Phone	(    )	Fax	(    )
Contact Name		Position	
E-mail			
<b>Services Provided</b> (tick all relevant boxes)			
<input type="checkbox"/> Meals/Soup Van <input type="checkbox"/> Crisis Accommodation <input type="checkbox"/> Outreach <input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Emergency Relief <input type="checkbox"/> Counselling <input type="checkbox"/> Drug & Alcohol <input type="checkbox"/> Other _____			
<b>Homeless Demographic</b> (tick all relevant boxes)			
Age Groups	<input type="checkbox"/> Children (0-11)	<input type="checkbox"/> Youth (12-18)	<input type="checkbox"/> Adult (18+)
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Background	<input type="checkbox"/> Aboriginal & Torres Strait Islander	<input type="checkbox"/> Migrants	

Number of street sleeping homeless assisted / month: \_\_\_\_\_ approx

**Backpack Bed (Original):** \$77 + GST = \$84.70

(subject to change)

Quantity (min. 4)	_____ x \$84.70 (inc gst) / Backpack Bed = \$_____
Delivery	<p><b>Box contains 4 Backpack Beds - please only order full boxes.</b>            Delivery will be calculated and included on your invoice.            For delivery estimate contact <a href="mailto:orderforms@swags.org.au">orderforms@swags.org.au</a>.            Sorry we cannot arrange pickup - due to storage by 3rd party.</p>

**Terms:**

1. Backpack Beds MUST be provided FREE to street sleeping homeless
2. One Eligibility Survey will be returned to Swags for Homeless Ltd. for *each* Backpack Bed distributed (within 14 days of distribution of the Backpack Bed)
3. Any courier redelivery fees incurred due to lack of delivery instructions above will be invoiced.

\*Note: Must be signed by person authorised to sign on behalf of organisation (eg. CEO)

Name \_\_\_\_\_ Position \_\_\_\_\_

Signed\* \_\_\_\_\_ Date \_\_\_\_\_

Please post or fax back (details above) Or E-mail to [orderforms@swags.org.au](mailto:orderforms@swags.org.au) V2.0AUS-O