Instructions for Consent Packet - Conservators

Conservators please read, print, sign, and mail all of the consents and rights forms contained in the *Consent Packet – Conservators*. Additionally, please also read, print, sign, and mail the *Personal Rights LIC 613* form.

If you are the primary care provider for the person who you conserve please also ensure that you have provided an annual physical, required by our licensing. A form is available in this portfolio entitled *Physical - Physicians Report LIC 602 form.* Unyeway, Inc. would also appreciate receiving feedback on our *Satisfaction Survey – Parents and Care Providers,* also in this portfolio.

Please mail all forms to the appropriate address listed below:

Unyeway, Inc.
11440 Riverside Dr. Ste D
Lakeside, CA. 92040
(619) 562-6330 p
(619) 562-6547 f

Unyeway, Inc.
4065 Oceanside Blvd. Ste J
Oceanside, CA. 92056
(760) 643-9394 p
(760) 643-9616 f

Unyeway, Inc.
1261 3rd Ave. Ste G
Chula Vista, CA. 91911
(619) 691-6346 p
(619) 691-6963 f

Thank you