



**La Vida Felicidad, Inc.**

P.O. Box 2040  
 Los Lunas, New Mexico 87031

Tel (505) 865-4651

Fax (505) 865-5331

Respite Provider Application

**Mission Statement**

The mission of La Vida Felicidad, Inc. is life quality for individuals and families with special needs through individualized family services that promote full participation in the community, independence, and well-being.

In order to process this application you must agree to provide the following:

A copy of your driver's license and a copy of proof of insurance with an expiration date.

**Please Print:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Present Employment: \_\_\_\_\_

Business: \_\_\_\_\_ Position: \_\_\_\_\_

List last three employers, starting with the most recent employer first:

Date/Month/Year	Name and Address of Employer	Position
From: _____ To: _____	_____ _____ _____	_____ _____ _____
From: _____ To: _____	_____ _____ _____	_____ _____ _____
From: _____ To: _____	_____ _____ _____	_____ _____ _____

Education: \_\_\_\_\_ Graduate \_\_\_\_\_ Major \_\_\_\_\_

High School: \_\_\_\_\_

College /University \_\_\_\_\_



List continuing education/seminars or workshops taken within the last 5 years.

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List special skills and/or experience with developmentally disabled children or adults

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List Name, Age, and Relationship of persons living in the home:

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Describe the neighborhood, location (i.e., major streets/area of town) and physical size of your home:

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**References**

List the names of three persons not related to you whom you have known for at least one year. Please include complete mailing address.

Name                      Mailing Address                      Phone                      Years

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I hereby certify that I am a person of good character and in good mental and physical health. I have not been convicted of any crime relating to child abuse or neglect, or sexual abuse.

I authorize investigation of all statements contained in this application. All the above information will be kept confidential.

I hereby certify that the information given is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date