



DRIVER PLANNING AGREEMENT

Helping families plan *together* for continued, safe mobility

I realize that the natural aging process may, at some point in the future, affect my ability to drive safely. By taking the time now to work closely with my family, I can develop a plan to ensure my safety and the safety of others while also maintaining my mobility and independence.

The most important thing my family can do is to help me **explore all of my options** to keep me driving or mobile. If concerned about my driving abilities, help me access the appropriate resources or services that can potentially mitigate these concerns so that I may safely drive. Examples include, but are not limited to:

- ◆ Help me find an occupational therapist who is trained to address the problems that put me at risk behind the wheel and equipped to develop an individualized plan to use moving forward;
- ◆ Ensure that I am able to visit my primary care physician or local pharmacist to review how medications I take may affect my driving;
- ◆ Assist me in accessing an eye doctor or vision care specialist who can address my needs;
- ◆ Help me determine how I can appropriately self-regulate when and where I drive so that I maintain maximum comfort and safety behind the wheel; and
- ◆ Encourage me to take a driver-improvement course to refresh my skills and learn new techniques for adapting to my changing needs as an aging driver.

Additionally, I want my family to help me **explore other forms of transportation**, showing me all of my choices, and recognizing that these options may complement my driving or be used as a substitute to extend my mobility should driving become unsafe. Examples include, but are not limited to:

- ◆ Discuss the places I enjoy going and the destinations I need to reach to ensure I maintain a high quality of life;
- ◆ Identify local public and private transportation options available in my community (e.g., carpooling, public transportation, local organizations with a volunteer driver program, or other services) so that I am aware of my options;
- ◆ Introduce me to these transportation options before I must rely on them so that I become familiar with them when I do choose to use them; and
- ◆ Recognize that I may need support and practice to feel safe using these other transportation options. It may take a few rides or the companionship of a friend to accompany me until I am comfortable. If necessary, we will make certain I have the necessary support services to ensure I can get home safely.

I trust my family to prioritize my safety and mobility and to not ask me to stop driving until all options have been explored.

Should it become necessary to discuss if it is safe or reasonable for me to continue driving,

I designate _____ to address this issue with me.
(name of family member or trusted friend)

Signed: _____ Date: _____
(Your signature)

Signed: _____ Date: _____
(Family member)