PROVISIONAL PROGRAM CHARTER

The Long Return Community Navigation System

A shared architecture for helping people and families move through difficult life systems without confusing navigation with legal, medical, governmental, cultural, or family authority.

Pit River-rooted first application · Native-centered development · local adaptation under the receiving community's authority

DOCUMENT ROLE

This charter names a major program direction discovered through Family Care, ICWA/kinship-care work, community information, and the Institute's wider mission. It is a governed working charter, not proof that every proposed route exists or is ready for public release.

Prepared for Christopher Knorr, Founder and Director · v0.1 · July 31, 2026

01 Program discovery

The Elder Care packet revealed a wider institutional function.

CONTROLLING FINDING

The Long Return Institute is developing a community-navigation system for life situations in which people must move across fragmented services, jurisdictions, institutions, and sources of authority. Its role is to make the landscape understandable, support appropriate action and handoffs, identify missing capacity, and preserve a clear boundary between navigation and decisions reserved to families, professionals, governments, courts, and cultural authorities.

The original Family Care and Elder Navigation work began with a concrete problem: during serious illness, discharge, dementia, benefits, caregiving, hospice, death, and family transition, people may be surrounded by programs and professionals yet still lack a usable route through the system. The ICWA, kinship-care, and guardianship work shows the same structural problem in another life domain. Children, parents, relatives, tribal programs, county agencies, courts, schools, health providers, attorneys, and benefits systems may all be involved, but no single public map explains the whole journey.

WHAT IS BEING GENERALIZED

NOT ONLY MISSING SERVICES

A service may exist, but people may not know it exists, whether it applies, what document opens the route, who can decide, or what happens when the referral fails.

NOT ONLY INFORMATION

A directory can list offices without explaining order, authority, transfer points, deadlines, real accessibility, or what to do when nobody responds.

NOT CASE MANAGEMENT

The Institute may explain the route, prepare questions, preserve records, and identify qualified help. It does not take over the person's case or make reserved decisions.

NOT ONE UNIVERSAL MAP

The shared architecture can travel, but local routes, authorities, languages, capacities, and protected knowledge must be mapped under local conditions and proper authority.

PROGRAM PURPOSE

Help a person, family, or community understand where they are, who is responsible, what may happen next, what they should keep or ask, where qualified help can be found, and where the system has no functioning route - while making the Institute's own limits visible and correctable.

02 The route-map model

The subway metaphor is a practical design language, not a decorative theme.

A difficult system can be pictured as a network. People do not merely need a list of institutions; they need to know how to move between them. The map must show formal routes and real-world operating conditions.

MAP ELEMENT	WHAT IT MEANS
Stations	Offices, programs, clinics, schools, courts, employers, financial institutions, tribal departments, service providers, and family or community roles.
Lines	The processes a person moves through: application, referral, investigation, treatment, education, employment, guardianship, appeal, benefits, or care planning.
Transfers	Warm handoffs, referrals, consent, eligibility decisions, hearings, releases, enrollment confirmation, or other points where one system passes responsibility to another.
Tickets	Identification, applications, orders, notices, records, proof of eligibility, referrals, deadlines, and other documents needed to enter or remain on a route.
Closed station	A service listed on paper but unavailable because of staffing, hours, distance, eligibility, funding, waitlists, safety, or temporary closure.
Broken transfer	A referral is made but responsibility is not accepted, information is not passed, the family is told to start over, or nobody follows up.
Missing line	A real service or capacity gap: no local provider, no transportation route, no qualified reviewer, no program for the need, or no institution clearly responsible.
Control center	The authority that can actually decide, authorize, fund, adjudicate, or correct a specific part of the process.

THE TERRAIN LAYER

Rural tribal navigation requires more than mapping institutions. A route may formally exist and still be practically unusable. Every local map should record the terrain that changes real access:

DISTANCE AND TRANSPORTATION
Travel time, road conditions, fuel, vehicle access, public transit, weather, overnight lodging, and whether a caregiver can leave home.

STAFFING AND CONTINUITY
Vacancies, turnover, rotating providers, office hours, waitlists, temporary programs, and whether a named contact is still responsible.

COMMUNICATION ACCESS
Phone reliability, broadband, portal access, language, literacy, disability access, and whether written information can be used on a mobile phone.

JURISDICTION AND AUTHORITY
Tribal, county, state, federal, court, school, health, family, and cultural roles may overlap without giving each actor the same power.

TRUST, PRIVACY, AND CULTURAL SAFETY
Past harm, retaliation concerns, small-community visibility, family conflict, data sharing, and whether a route is safe enough to use.

MONEY AND TIME
Fees, lost work, childcare, unpaid care, document costs, eligibility delays, and the hidden labor required to keep moving.

03 Common guide spine

Every route guide should feel familiar after a person learns the first one.

The system reduces cognitive load by using the same sequence across different life routes. A guide may be short or modular, but it should answer the following questions in a recognizable order.

1. What may be happening? A plain-language description of the situation and the terms the systems may use.
2. Where am I in the process? A stage finder showing the current point, common branches, and urgent versus ordinary routes.
3. Who is involved? The people, programs, agencies, courts, schools, providers, employers, or financial institutions likely to appear.
4. Who can decide what? A visible authority map separating information, recommendation, consent, eligibility, legal decision, clinical decision, tribal authority, cultural authority, and family choice.
5. What might happen next? Typical sequence and transfer points, stated as possibilities rather than promises.
6. What should I gather or write down? Notices, names, dates, questions, records, applications, deadlines, and decisions.
7. What can I ask for? Plain-language scripts and questions for calls, appointments, meetings, hearings, applications, referrals, and handoffs.
8. What pathways may exist? Options and alternatives, with eligibility and local-availability cautions.
9. Where can I get qualified help? Dated and checked routes to responsible offices and professionals.
10. What happens when the route fails? Follow-up, escalation, complaint, second opinion, warm handoff, emergency, or review pathways.
11. What is not available locally? Honest identification of missing capacity, inaccessible services, and unresolved responsibility.
12. What does this guide not decide? Legal, medical, clinical, financial, safety, cultural, eligibility, and tribal-authority boundaries.

REQUIRED VISIBLE CONTROLS

CHECKED DATE Contacts, eligibility summaries, deadlines, and service descriptions carry a date and review status.	**SOURCE LINE** The reader can distinguish official information, professional guidance, Institute explanation, and unresolved questions.
BOUNDARY BLOCK The guide states what it can help with and what requires qualified or authorized decision-makers.	**CORRECTION ROUTE** A reader can report an error, outdated contact, harmful ambiguity, or local mismatch.

04 Route families

The program has a broad horizon, but only bounded routes should become active.

The route families below define the territory of the Community Navigation System. They are not a promise that the Institute currently operates every line. Each route requires a charter, local landscape check, authority map, review plan, maintenance capacity, and release decision.

ROUTE FAMILY	POSSIBLE MODULES
Childhood and youth	School, attendance, special education, identity, language, activities, mental health, safety, scholarships, youth leadership.
ICWA, kinship care, and guardianship	Tribal connection, notice, relatives, caregivers, authority for school and health, court/agency roles, benefits, hearings, records, relationships, return and successor care.
Becoming an adult	Identification, driver licensing, banking, credit, taxes, voting, health coverage, college, trades, employment, housing, and tribal enrollment questions.
Health and behavioral health	IHS and tribal health, Medicaid/Medicare, private coverage, VA, dental, vision, disability, mental health, substance-use recovery, referral and follow-up.
Relationships, safety, and family life	Parenting, marriage, child support, family counseling, domestic violence resources, consent, safety planning, guardianship, adoption, and family connection.
Work and economy	Resumes, interviews, tribal and federal employment, apprenticeships, entrepreneurship, contracting, procurement, business support, and workplace pathways.
Money and benefits	Banking, budgeting, credit, taxes, public benefits, insurance, debt, fraud prevention, retirement, and financial-help boundaries.
Housing and household stability	Applications, waitlists, rentals, utilities, repairs, homelessness prevention, rural constraints, homeownership, emergency routes, and documentation.
Disability and caregiving	Eligibility, accommodation, care coordination, records, benefits, school/work transitions, caregiver burden, and supported decision-making.
Elder care	Care planning, dementia, hospital-to-home transitions, medications, benefits, VA, hospice, family roles, documentation, safety, and caregiver support.
Death, records, probate, and legacy	Funeral planning, benefits, documents, property and probate referrals, records, family instructions, cultural considerations, and succession.

CURRENT READINESS LABELS

FAMILY CARE & ELDER NAVIGATION

Controlled prototype. A substantial family-facing master exists. It still requires reader testing, contact verification, and qualified review before claims of successful use.

ICWA / KINSHIP / GUARDIANSHIP

Controlled review line. A major report and family-facing direction exist, but legal language, California pathways, contacts/benefits, privacy/data governance, and caregiver usability remain release blockers.

YOUTH AND TRANSITION ROUTES

Program architecture only. Do not publish a comprehensive youth guide until a specific journey, responsible reviewers, local capacity map, and maintenance owner are identified.

OTHER ROUTE FAMILIES

Roadmap. Their presence in this charter records territory and design compatibility, not active program status.

05 Local route and capacity map

The guide must show whether a route is actually operating.

Each community-specific route needs a service-and-capacity record. The record is not a ranking of community worth. It is a dated map of responsibility, accessibility, and gaps.

FIELD	REQUIRED CONTENT
Service / station	Official name and plain-language function.
Responsible authority	Who owns the decision, service, record, funding, or correction.
Contact and access	Phone, web, office, hours, appointment/referral requirements, accessibility and language.
People served	Eligibility, geography, age, status, income, referral, or other known limits.
What it can do	Specific service or decision the station is authorized and equipped to provide.
What it cannot do	Common misunderstandings, exclusions, or decisions held elsewhere.
Transfer points	Where the person comes from and where they may need to go next.
Documents / deadlines	Required items and time-sensitive points, with source and checked date.
Operating status	Working, constrained, waitlisted, intermittent, uncertain, inaccessible, or unavailable.
Rural constraints	Travel, broadband, staffing, cost, family burden, and emergency limitations.
Verification record	Source, verifier, date, unresolved conflicts, and next review.
Correction / escalation	How errors, no-response, denial, or failed handoffs can be raised.

CAPACITY-GAP CLASSIFICATION

INFORMATION GAP A service exists, but people cannot find or understand it.	**ACCESS GAP** A service exists, but distance, cost, staffing, language, disability, waitlist, technology, or eligibility makes it unusable.
COORDINATION GAP Multiple institutions exist, but handoffs and responsibility are unclear or repeatedly fail.	**AUTHORITY GAP** No actor clearly has authority, or the responsible authority is unavailable, disputed, or not mapped.
SERVICE GAP The needed function does not exist locally or at an accessible regional level.	**EVIDENCE GAP** The Institute cannot verify current capacity, contact, eligibility, or outcome and must label the uncertainty.

A gap finding should lead to an honest next action: clarify, verify, refer, connect, convene, research, document, partner, advocate within authorized roles, or acknowledge that no current solution is available. It should not create a fictional program merely to fill a box on the map.

06 Authority, privacy, and safety

Navigation must not become unauthorized intervention or case surveillance.

AUTHORITY RULES

- The Institute may explain publicly available systems, organize questions and records, and identify responsible routes within its competence.
- The Institute may not decide legal rights, clinical care, safety, eligibility, placement, cultural access, tribal membership, governmental policy, or family authority unless a valid role is separately established.
- A person's need does not authorize the Institute to speak for them, collect their history, contact institutions in their name, or retain case information.
- Community-specific adaptation requires an authority-and-standing map. Participation, attendance, funding, or helpfulness does not equal authorization.
- No amount of review converts missing authority into authority.

MINIMUM-NECESSARY DATA RULE

DEFAULT

The public route system should be useful without creating a central case database. A guide may provide blank logs and worksheets that remain with the user. The Institute should not receive or retain personal case data unless a defined service, authority, consent process, security system, access rule, retention schedule, correction/deletion route, and professional review are in place.

BEFORE ANY INTAKE OR TRACKING SYSTEM EXISTS

1. Purpose: What exact service requires the data?
2. Authority: What gives the Institute the right to collect and use it?
3. Minimum necessary: What can be omitted?
4. Consent and refusal: Can a person receive public information without surrendering private data?
5. Access: Who can see the record, and why?
6. Security: How is it stored, transmitted, backed up, and protected?
7. Retention: When is it deleted or returned?
8. Privilege and disclosure: Could the record be subpoenaed, shared, or misunderstood?
9. Re-identification: Could aggregated reporting expose a family in a small community?
10. Correction and deletion: How can the person inspect, correct, withdraw, or request deletion?
11. Public reporting: What can safely be reported without turning family hardship into institutional evidence or fundraising material?

07 Development and release gates

A route guide advances through evidence, not appearance.

GATE	EVIDENCE REQUIRED
1. ROUTE DEFINED	A specific life journey, user, immediate result, limits, owner, review date, and pause rule are named.
2. LANDSCAPE CHECKED	Existing programs, publications, directories, and responsible authorities are identified. Duplication is tested.
3. SOURCES VERIFIED	Current law, policy, program information, contacts, deadlines, and contested points are sourced and dated.
4. AUTHORITY MAPPED	Who may decide, review, authorize, contribute, or be affected is visible. Protected context is screened.
5. PROTOTYPE BUILT	A small, phone-readable guide or module is created with scripts, records, transfer points, and boundaries.
6. REVIEWED	Users and qualified/domain reviewers examine comprehension, accuracy, safety, authority, privacy, and local fit.
7. TESTED	A bounded release records reach, use, next action, corrections, burden, and failures.
8. DECIDED	Keep, revise, narrow, partner, transfer, pause, stop, or mark outside reach.
9. MAINTAINED	Owner, checked dates, correction route, contact refresh, version control, and retirement rule are active.

RELEASE BLOCKERS

- A legal, medical, financial, safety, cultural, eligibility, or governmental claim has not received the review required for reliance.
- The route implies a service or partner exists when it does not.
- Contacts, deadlines, or operating status cannot be verified and the uncertainty is not safely explainable.
- The guide asks for or exposes protected, private, or family-governed information without authority and safeguards.
- The intended user cannot distinguish navigation from advice or official direction.
- The route duplicates a better-positioned service and no specific added value is demonstrated.
- Maintenance depends on hidden founder sacrifice or a cadence the Institute cannot sustain.

08 Evidence and institutional learning

The system should help people now and reveal where the wider landscape is failing.

TWO PUBLIC PURPOSES

HELP THE PERSON OR FAMILY

Reduce confusion, preserve a usable record, identify responsibility, support an appropriate next step, and make failed handoffs easier to recognize.

MAKE THE SERVICE LANDSCAPE VISIBLE

Across repeated use, identify inaccessible services, broken transfers, recurring document problems, unclear authority, missing local capacity, and burdens shifted onto families.

PROTOTYPE EVIDENCE

MEASURE	QUESTION
Reach	Did the intended people receive the guide?
Use	Which pages, scripts, maps, or records were actually used?
Comprehension	Could the user identify where they were, who was responsible, and what the guide did not decide?
Action	Did an appropriate call, application, appointment, document request, referral, or qualified-help contact follow?
Correction	What was outdated, unclear, harmful, missing, or wrong?
Burden	How much founder, reviewer, user, family, and maintenance labor did the route require?
Outcome	What changed, if anything, and what remains outside the Institute's reach?
Durability	Can the route remain current without chronic hidden labor or unsafe reliance?

COMMUNITY NAVIGATION AND CAPACITY REPORTS

When enough safe, non-identifying evidence exists, the Institute may publish a separate report showing patterns in the service landscape: which existing services are poorly known, where transfers repeatedly fail, what rural conditions make routes unusable, and where no local capacity exists. Such reports must not expose families, convert hardship into spectacle, or imply that the Institute has authority to direct the institutions being mapped.

EVIDENCE BOUNDARY

A collection of packets, contacts, or user stories is not proof of impact. Production, reach, use, comprehension, action, outcome, correction, and burden must remain distinct.

09 First controlled route

ICWA, kinship care, and guardianship should be the next carefully bounded route after Family Care.

A family may know that ICWA protects Native children and still not know what arrangement currently governs a child's care, whether the Tribe has been told, who can authorize school or health care, what papers have been signed, what the next hearing is, or why one guardianship route has different funding and return consequences from another. The route must explain these distinctions without becoming a family's lawyer, social worker, court, or tribal government.

PROPOSED FIRST-ROUTE QUESTION

ROUTE DEFINITION

A child or relative enters, may enter, or is already moving through a child-welfare, kinship-care, Indian-custodian, guardianship, foster-care, or related process: who is involved, what arrangement exists now, what may happen next, what records and relationships matter, and where the family can reach the Tribe and qualified legal or program help.

IMMEDIATE FAMILY-FACING ORIENTATION

When a child comes into a relative's care, identify the current arrangement, the court or agency involved, the child's possible Tribal connection, the papers already signed or filed, the authority needed for school and health care, the next hearing or deadline, available financial support, and the plan for safe parent, sibling, family, and Tribal connection. Then reach the Tribe and qualified legal help before assuming that one form or one hearing answers every question.

REQUIRED REVIEWERS BEFORE PUBLIC RELIANCE

TRIBAL / PROGRAM REVIEW

Tribal roles, notice/contact routes, membership/eligibility distinctions, family and cultural connection, and fit with actual tribal services.

LEGAL REVIEW

Federal ICWA law, California pathways, jurisdiction, emergency and later orders, notice, transfer, evidence, guardianship forms, return rights, and legal-help boundaries.

CAREGIVER AND FAMILY USABILITY

Whether a parent, aunt, grandparent, guardian, or helper can identify the arrangement, next step, records, and limits under stress.

PRIVACY AND DATA GOVERNANCE

What information stays with the family, what may be asked publicly, what must never enter an Institute record, and how small-community re-identification is prevented.

CURRENT CLOSURE

CONTROLLED REVIEW DRAFT / NOT YET A FAMILY GUIDE. The route may be reviewed and corrected. It should not be relied upon until the open legal, contact, benefits, data-governance, citation, caregiver-capacity, and usability blockers are closed.

10 Governance and next decisions

This charter creates a disciplined direction, not an automatic expansion mandate.

PROGRAM OWNERSHIP DURING THE PROTOTYPE PERIOD

FOUNDER AND DIRECTOR

Christopher Knorr may define, narrow, hold, or stop route development within the Institute's controlling constitutional and strategic documents. Founder judgment remains reviewable and must be recorded.

QUALIFIED REVIEWERS

Reviewers advise within their actual expertise or standing. Review does not transfer their authority to the Institute or create endorsement.

USERS AND FAMILIES

Users determine whether the guide is understandable and usable. Their participation does not surrender privacy or authorize representation.

TRIBAL AND CULTURAL AUTHORITIES

Only valid authorities can authorize tribal, cultural, protected-knowledge, governmental, or community-specific roles that belong to them.

DECISIONS THIS CHARTER SETTLES

- Community navigation is a central Institute program family, not a single elder-care publication.
- The system uses a common route-guide spine plus locally verified service, authority, and terrain layers.
- Family Care is the first mature controlled prototype; ICWA/kinship/guardianship is the next priority controlled route.
- The Institute may identify missing capacity, but it must not imply that naming a gap gives it authority or resources to fill it.
- No comprehensive life manual should be attempted during the solo-founder prototype period.
- Route guides are public products subordinate to the Charter, Commentary, Development Plan, program charter, The Audit, and live operational records.

DECISIONS THAT REMAIN OPEN

- Final public program name: Community Navigation System, Life Navigation Initiative, Community Route Guides, or another reader-tested name.
- The exact boundary between public self-help information, facilitated navigation, referral, advocacy, and future staffed services.
- Which tribe, program, university, legal-service provider, health/navigation partner, or funder may review or support a route.
- Whether any route will eventually include confidential one-to-one assistance; no such service is authorized by this charter.
- The fiscal, insurance, legal, staffing, data-security, and governance requirements for moving beyond public guides and bounded tests.
- Which route follows ICWA/kinship/guardianship after evidence from the first two routes is reviewed.

NEXT BOUNDED ACTIONS

1. Record this charter in the Master Registry as a provisional program charter and link it to Family Care, ICWA/kinship/guardianship, The Audit, and the Program Portfolio.
2. Create the shared Route Guide template and local Service-and-Capacity Record from Sections 3 and 5.
3. Fork the ICWA report into a short family route prototype only after the open release blockers are assigned to qualified reviewers.
4. Run a non-duplication landscape check against tribal programs, NICWA and other Native child-welfare resources, California legal services, county materials, kinship navigator programs, and existing caregiver guides.
5. Test whether a reader can answer three questions: Where am I? Who can decide? What is the next appropriate step?
6. Publish a Prototype Evidence Report before activating another route family.

PROGRAM DISCIPLINE

Build the smallest route that can genuinely help. Verify the operating landscape. Protect family and community authority. Make failure visible. Let use and correction decide what comes next.

Appendix A Route Guide template

A minimum common structure for future public modules.

SECTION	REQUIRED CONTENT	RELEASE CHECK
1. Start here	Situation, urgent warning if applicable, intended user, immediate purpose.	Reader understands what the guide is for in under one minute.
2. Find your place	Simple stage finder or route map.	No branch is presented as guaranteed.
3. People and stations	Actors, institutions, plain-language roles, contacts.	Roles and decision powers are not collapsed.
4. Authority map	Who informs, recommends, consents, decides, reviews, and corrects.	Reserved authority is explicit.
5. What may happen next	Sequence, transfer points, alternatives, delays.	Uncertainty and local variation are visible.
6. Keep this record	Names, dates, documents, calls, notices, deadlines.	The worksheet can remain with the user.
7. Questions and scripts	What to ask and how to request a handoff, record, explanation, or review.	Scripts do not impersonate legal or clinical advice.
8. Help and escalation	Qualified help, no-response, complaint, emergency, second opinion.	Contacts are dated and verified.
9. Local constraints and gaps	Travel, staffing, access, waitlists, absent services, unresolved responsibility.	Formal availability is not confused with real access.
10. Limits, sources, correction	What the guide does not decide; sources; checked date; correction route.	Boundary and correction blocks are prominent.

Appendix B Prototype Evidence Report template

The record that determines whether a route continues.

IDENTIFICATION
Route ID, title, version, owner, release period, intended users, risk tier, reviewers, and release decision.

PROBLEM AND ADDED VALUE
What difficulty was addressed? What existing services/publications were checked? What specific gap did the route attempt to fill?

AUTHORITY AND BOUNDARIES
What was the Institute authorized to do? What decisions stayed with others? What protected or private contexts were excluded?

WHAT WAS RELEASED
Pages/modules, channels, dates, sources, contacts, and maintenance obligations.

EVIDENCE
Reach, use, comprehension, appropriate action, corrections, outcomes, founder/reviewer/user burden, and unresolved evidence gaps.

FAILURES AND HOLDS
Where did the route confuse, duplicate, overreach, become outdated, fail to transfer, or reveal missing capacity?

DECISION
Keep, revise, narrow, partner, transfer, pause, stop, or outside reach - with reasons and next review date.

RETURN TO THE SYSTEM
Registry update, version status, correction notice, source refresh, archive action, and changes to the shared route architecture.

CLOSURE RULE

A polished route is not a successful route. Continuation requires evidence that intended readers can understand it, distinguish its limits, take an appropriate next step, and report errors without creating an unsustainable maintenance burden.

Appendix C Source and status note

How this charter relates to the Institute's controlling system.

This charter consolidates a program direction emerging from the Public Founding Charter, Constitutional Commentary, Institutional Development Plan v0.4, Pit River Prototype Year Implementation Packet, Program Portfolio, Family Care and Elder Navigation work, the controlled ICWA/kinship/guardianship report, The Audit, the State of the Institute Report, and the July 2026 prospectus and community-briefing development.

SOURCE	ROLE IN THIS CHARTER
Public Founding Charter v0.1	Constitutional purpose, public commitments, program territory, refusals, and answerability.
Constitutional Commentary v0.1	Meaningful freedom, conditions, answerability, non-domination, people-rooted sovereignty, protected knowledge, and decision tests.
Institutional Development Plan v0.4	Sole strategic master plan, prototype-before-scale, hierarchy, solo-founder guardrails, and manuals-after-practice rule.
Pit River Prototype Year Packet v0.1	Primary prototype public, authority limits, Community Navigation program test, usefulness/answerability/repeatability/sustainability criteria.
Family Care & Elder Navigation	First substantial route artifact and evidence that family-facing system navigation can be translated into immediate-use pages, scripts, logs, and limits.
ICWA / Kinship / Guardianship report v0.4	Child/family route problem, legal-form distinctions, family-facing orientation, data-governance warning, and open release blockers.
The Audit	Source, authority, privacy, protected-context, harm, scope, plain-language, correction, hold, and closure controls.
State of the Institute / Prospectus	Current readiness, evidence limits, partnership posture, program portfolio, and next controlled tests.

Status: PROVISIONAL PROGRAM CHARTER v0.1. It does not amend the Public Founding Charter, Constitutional Commentary, or Institutional Development Plan. It does not activate every route family, create a confidential navigation service, establish legal or clinical competence, or authorize collection of personal case data. Adoption, revision, and external use remain the responsibility of Christopher Knorr during the founder-led prototype period.