

A familiar object. A clearer next step.

We make physical emblems and are building connected assistive technology: tap an emblem to find step-by-step guidance, choose how to receive it, or find a support person. Our intended audience includes autistic people, people living with brain injury, and others with access needs.



Made physical. Built to connect.

[Try the assistive concept online →](#)

See the physical-to-digital connection.



Marker → phone → next step

A physical touchpoint opens a digital experience.

[WATCH VIDEO →](#)

Product demonstrations, not evidence of adoption or clinical benefit.



Connected bottle / Continuing story

An object carries a connection beyond the first visit.

[WATCH VIDEO →](#)

Your next step. Your way.

At an art activity, a familiar emblem could open support in the format a person chooses.

01

Open

Tap the emblem or use a labeled link.

02

Choose

See one step or hear it read aloud.

03

Continue

Go at your pace or find a support person.

Intended for exploration with autistic people, people living with brain injury, and others with cognitive, communication, or sensory access needs. Preferences are individual, not diagnosis-based.

[TRY THE CONCEPT →](#)

Proposed experience. No care service or clinical benefit is established.

Support should be easy to find.

At an activity station, the next step may be in a binder, on a wall, or known only to a staff member. We are exploring a consistent starting point: an emblem that opens the team's chosen guidance.

This is a problem hypothesis for discovery, not a measured customer outcome. Interview participants and support teams about existing routines, device access, content ownership, accessibility, and the situations where a physical touchpoint would actually help.

A familiar place. Support your way.

At an art activity, a person taps the table's emblem or opens a labeled link. They choose one clear instruction at a time, optional spoken guidance, or the team's support contact. The aim is to make the next step easier to find without searching through menus.

This is a concept in development for exploration with autistic people, people living with brain injury, and others with cognitive, communication, or sensory access needs. Preferences must be chosen with the person, not inferred from a diagnosis. The interactive preview illustrates navigation and browser-generated speech; it does not connect to care services. Usability, content accessibility, privacy, offline alternatives and real-world benefit require participant-led validation. It must not replace emergency procedures or professional care.

Physical craft meets reusable software.

Our emblems and connected-bottle prototype make the physical work visible. The software foundation connects an object to an experience that can change without replacing the object.

The repository contains identity, organization-scoped routing, content, event, and operational foundations. Source code and demonstrations do not establish production readiness across every workflow. Golf, companion animals, energy, and live competition are additional application foundations, not proof of adoption. The current commercial record needs supporting contracts and financials in private diligence; no revenue or customer-growth figure is asserted here.

Start with one team and one routine.

The initial discovery audience is care and supported-living organizations. The person using the experience, the staff maintaining it, and the buyer approving a pilot may be different people.

A pilot needs a budget-owning sponsor, consent and privacy review, a named content owner, a supported device plan, and a narrow use case. Begin with low-risk activity guidance. Do not assume reimbursement, clinical acceptance, a procurement award, or an existing provider partnership. Size the serviceable market bottom-up from qualified organizations and realistic pilot capacity, not an adjacent smart-packaging market total.

Set up the pilot. Support the experience.

The proposed model combines paid pilot setup, physical emblems, and recurring software and support. Pricing will be tested against delivery cost and customer value.

Track design and setup hours, materials, encoding and quality checks, fulfillment, infrastructure, content maintenance, replacement, and support. Separate one-time service revenue from recurring revenue. No subscription run rate, margin, signed pilot price, or customer lifetime value is established by this briefing.

One team connects the physical and digital work.

Founder Andrea Cozart-Lundin brings together software development, design, fabrication, and storytelling. The opportunity is to make the whole experience useful, not merely attach a link to an object.

Alternatives include printed guides, generic QR/NFC links, existing care software, and custom web experiences. Our proposed differentiation is durable physical design, updateable organization-controlled content, and a repeatable delivery workflow. Pilot evidence must establish whether that combination is worth paying for. Additional clinical, accessibility, security, sales, and operational expertise will be needed as scope grows.

Earn the right to expand.

Validate the need. Run a bounded pilot. Measure whether people can find and understand the next step. Expand only when the evidence supports it.

Discovery gate: participants and staff confirm a useful routine and accessibility requirements. Pilot gate: signed scope, baseline, agreed measures, owner, support plan, and privacy review. Evaluation gate: task completion, time to find guidance, help requests, errors, and qualitative feedback, without claiming causation or clinical efficacy. Commercial gate: payment, delivery cost, repeat use, and willingness to renew. These are proposed measures, not reported results.

Fund a focused proof cycle.

Capital would support user discovery, accessibility work, a scoped pilot, software reliability, physical production, and company-record completion.

The raise amount, valuation, instrument, allocation of proceeds, hiring budget, and runway are not approved terms in this briefing. A financing budget should tie each cost to a milestone and include monthly cash needs, contingency, existing liabilities, and downside assumptions. Discuss fit first; review an approved instrument and disclosures separately before any commitment.

Be clear about the open work.

Demand, accessibility, delivery economics, reliable operation, ownership records, and financing terms still need evidence or formal approval.

Key risks include poor workflow fit, phone or connectivity barriers, stale instructions, content permissions, privacy, support burden, limited founder capacity, and unproven willingness to pay. Mitigations include a narrowly bounded pilot, accessible alternatives, named content owners, minimal data collection, tested failure paths, and separate executed corporate and IP records. Technical controls are not clinical validation or a compliance certification.

Help us prove one useful everyday moment.

A focused pilot. A measurable next milestone.

An experience shaped with the people who will use it.

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Discussion material, not an approved securities offering or a mechanism to accept investment funds. Proposed capabilities and milestones are not completed outcomes. Financing requires appropriate company approvals, definitive documents, applicable exemption compliance, and investor eligibility review.