



What is the Andy's Outreach Fund?

Andy's Outreach Fund is a charitable fund for employees to contribute to their co-workers who have been directly impacted by a severe hardship, crisis or a catastrophic incident that was beyond their control. Since funding for Andy's Outreach comes from other employees, care is taken to make sure that the grants are given only for unavoidable hardships. Grants must also follow guidelines provided by the IRS.

What types of help can Andy's Outreach provide?

Natural Disaster Assistance

- Emergency Assistance for basic living expenses due to a natural disaster that has been officially declared by the President (such as Hurricane Katrina)

Financial Hardship Assistance

- Triggered by a specific unusual event (such as illness, death, accident, crime or other personal event)
- Financial need and lack of other resources must be substantiated
- Expenses must be proven
- Hardship must be beyond employee's control

Eligible Financial Hardships Include:

- Residential fire or flooding
- Acts of nature that result in major property damage to primary residence or automobile
- Death of an employee or an immediate family member resulting in a financial hardship
- Other personal financial hardships (such as catastrophic medical expenses)
- Living assistance for housing, food and other essential household expenses
- Theft/loss of essential property

Financial Hardships that cannot be granted under IRS guidelines include:

- Lost wages due to missed time from work
- Items covered by insurance or governmental assistance
- Elective, routine or ongoing medical expenses
- Bad debt/overdue bills from ongoing financial problems
- Legal fees and expenses associated with divorce or child custody issues
- Personal bankruptcy
- Illegal behavior or situations that occur while you are under the influence of alcohol or controlled substances
- Circumstances within the employees' control (such as normal maternity expenses, traffic violations, etc.)

Who can apply?

All current employees are eligible for assistance from Andy's Outreach Fund provided that they complete the attached application demonstrating how they have been impacted by a qualifying event, substantiate their expenses and prove their lack of financial resources. An application must be made within ninety (90) days of the hardship to be considered by the Disbursement Committee. Only one application may be submitted for a qualifying event. If you are in crisis or are experiencing a hardship and would like to speak to someone prior to submitting an application, please contact Brittany Pennington at 1-855-TRH-ANDY (1-855-874-2639).

How do I apply?

The Application for Employee Assistance is located in each restaurant and will be supplied by the Managing Partner. Applications can also be downloaded or completed online at www.andysoutreach.com.

The application should be completed in its entirety to ensure prompt and effective consideration. Additional documentation may be requested. *An incomplete application will delay processing and may be returned for completion.*

The application should be submitted to the Support Center via Fax (502) 805-0639, email to andys.outreach@texasroadhouse.com or mailed to Andy's Outreach Fund, Inc.; Attn: Brittany Pennington; 6040 Dutchmans Lane; Louisville, KY 40205

The application will be considered and evaluated quickly. ***Please follow-up with your application if you have not heard from Dee Shaughnessy or Brittany Pennington within one week of submitting your application.***

Questions can be emailed to andys.outreach@texasroadhouse.com or Brittany.Pennington@texasroadhouse.com.

How can I donate to Andy's?

Contributions can be made to Andy's Outreach Fund by personal check, online credit card payment, or through payroll deduction. Payroll donation forms are available in each restaurant and can also be downloaded or completed online at www.andysoutreach.com. Contact Dee Shaughnessy with any additional questions at 502-515-7219.



Application for Employee Assistance

Please complete this form in its entirety. It is essential that you provide current and accurate information. Any documentation that you have that supports your claim should accompany this application to ensure there are no delays in evaluating your request. Please keep a copy of the completed form for your records. **Applications with supporting documentation must be submitted by Tuesday at midnight to be considered for weekly disbursement committee review. Emergency situations will be reviewed in a timely manner.**

- Mail: Andy's Outreach Fund, Inc.
Attention: Brittany Pennington
6040 Dutchmans Lane
Louisville, KY 40205

OR

- Fax: (502) 805-0639 (Make sure the FAX transmits successfully)

Questions – Call or email Brittany Pennington @ 1-855-TRH-ANDY (1-855-874-2639) or andys.outreach@texasroadhouse.com

COMPLETE SECTIONS 1 – 4. PLEASE PRINT CLEARLY.

Section 1 – Employee Information

Employee Name: _____

Current Address: _____

Telephone Number: _____

Alternate Number: _____

Email (if available): _____

Restaurant Location/Store #: _____

Managing Partner Name/Phone Number: _____

Have you applied to Andy's before? Yes No

If so, did you receive assistance? Yes No

When did you apply? _____

Section 2 – Description of Hardship

Please check if this is a Natural Disaster Financial Hardship

Date of Disaster/Financial Hardship: _____

(Must be triggered by an unavoidable event – illness, death, accident, crime or other personal event)

Was it beyond your control? Yes No

If able to work, have you requested additional shifts with your manager to assist with your hardship? Yes No

Do you or any member of your household or family have other insurance coverage or any other financial resources to assist with the hardship? Yes No If yes, please explain:

Description of your hardship:

(Please include a description of your medical expenses and/or damage to your essential property such as your primary residence or automobile.)

Section 3 – Amount of Assistance Requested

Please provide an itemized list of your assistance request:

Description	Actual/Estimated Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Grand Total	\$ _____

Amount of Assistance Requested \$ _____

(Attach documentation of loss – see Section 5 for details)

Section 4 – Your Financial Resources and Other Expenses

Please list all members of your household and their relationship to you:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income:

Your Regular Wages/Tips	\$ _____	(after tax, attach year-to-date pay stub)
Other Household Wages	\$ _____	(after tax, attach year-to-date pay stub)
Child Support	\$ _____	
Social Security	\$ _____	
Unemployment	\$ _____	
Rent Assistance	\$ _____	
Food Stamps	\$ _____	
Disability	\$ _____	
Other _____	\$ _____	
Total	\$ _____	

Monthly Household Expenses:

Rent/Mortgage	\$ _____	(documentation may be requested)
Electric/Gas/Water	\$ _____	
Food	\$ _____	
Car Insurance	\$ _____	
Car Payment	\$ _____	
Gasoline	\$ _____	
Childcare	\$ _____	
Child Support	\$ _____	
Cable/Internet	\$ _____	
Home/Cell Phone	\$ _____	
Household/Personal Care	\$ _____	
Credit Card Debt	\$ _____	
Student Loans/Tuition	\$ _____	
Other Debt	\$ _____	
Other _____	\$ _____	
Total	\$ _____	

Financial Resources of Household:

Checking Account Balance	\$ _____
Savings Account Balance	\$ _____
Other _____	\$ _____
Total	\$ _____

Section 4 – Your Financial Resources and Other Expenses Continued...

Homeowner's/Renter's Insurance (complete if request is related to loss of primary residence)

Do you own or rent? Own Rent

Do you have Homeowner's/Renter's Insurance? Yes No

If yes, is this loss covered? Yes No

If yes, amount of deductible? \$_____

Is the loss due to a federally declared natural disaster? Yes No

If yes, have you applied for FEMA assistance? Yes No

Amount of anticipated assistance? \$_____

Auto Expenses (complete if request is automobile related)

Do you have Auto Insurance? Yes No

If yes, is this loss covered? Yes No

If yes, amount of deductible? \$_____

Will Auto Insurance cover medical expenses? Yes No

If yes, amount of coverage? \$_____

Will Auto Insurance cover lost wages? Yes No

If yes, amount of coverage? \$_____

If you are requesting temporary assistance to get to work or assistance with automobile repairs:

Is public transportation available? Yes No

Is there another car in your household? Yes No

How far is your commute to work? _____

Medical Expenses (complete if request is related to medical expenses)

Do you have Medical Insurance? Yes No

If yes, amount of annual deductible \$_____ Co-pay per visit \$_____

Annual maximum out-of-pocket \$_____

If no, amount of anticipated government assistance \$_____

Have you applied for financial assistance through your medical provider and/or hospital? Yes No

If yes, amount of anticipated assistance \$_____

Assistance with Funeral Expenses (complete if request is related to funeral expenses)

Is Life Insurance available? Yes No

If yes, how much? \$_____

Will funds be available from decedent's estate? Yes No

If yes, how much? \$_____

Total assistance family members can provide \$_____

Section 5 – Required documentation

All of the following documentation is critical in determining the eligibility of your request and to comply with the IRS's requirements:

Income verification (required for all Requests)

- Copy of a year-to-date pay-stub for employee and all residents of household
_____ *Initial here to authorize Andy's Outreach to obtain pay-stub from Texas Roadhouse*

Homeowners Reporting Damage to Primary Residence

- Copy of a completed insurance claim form
- Copies of estimate of damage and/or pictures

Renters Reporting Damage to Primary Residence

- Letter from landlord confirming damage to residence
- Copies of estimates of damaged items and/or pictures

Automobile Owners

- Copy of a completed insurance claim form
- Copies of estimates and/or pictures
- Police report for thefts/accidents

Other Incidences

- Documentation that will validate the loss
- Copies of estimates and/or pictures
- Police report for thefts/domestic violence

Certification & Release

I have done everything possible to help myself before applying for this assistance. I certify that the information contained in this application is true, correct and complete and that I am requesting assistance because of a severe financial hardship which is not covered by insurance or any other sources.

By signing the certification below, I give Andy's Outreach the authority to review medical information pertaining to my Application for Assistance. Medical information would include, but is not limited to, medical claims, doctors' notes and condition prognosis/diagnosis. I also authorize Andy's Outreach to request additional medical information as deemed necessary in the process of reviewing my request. This includes contacting any applicable care providers and negotiating with said providers on my behalf. I understand that any information used in the process of applying for Assistance may not be protected by federal privacy regulations. I also understand that this authorization is voluntary and may be revoked at any time by giving written notice of my revocation to the company contact listed in this application.

I understand that the Disbursement Committee may contact my Managing Partner or Director for additional information regarding my application, and that it may be necessary for the committee to share certain details regarding my application with that person.

Employee Signature (or Delegate)

Date

Printed Name

Relationship

Once again, please remember to follow-up to confirm receipt of your application if you have not heard from Dee or Brittany within one week of submitting the application. It is our goal to process your application as quickly as possible.