

# Summer 2024 Electronic Benefit Transfer (SEBT) File Upload

Please utilize the SEBT data template saved as a Microsoft Excel (.xlsx) file or a comma-separated values (.csv) file. The file should be uploaded into the SEBT File Upload application within the [NDE Portal](#).

A complete SEBT data file should contain **only students who qualify for free or reduced-price lunch based on a school meals income eligibility application submitted to your school.**

Please do not submit any data for students that do not qualify by a school meals income eligibility application. Directly certified students do not need to be included; the NDE has a different method for aggregating this information and will issue benefits automatically to these students.

Upload your file using the column format below, which is also available in the SEBT data template file:

Column Number	Name	Data Format	Notes
1	Parent/Guardian First Name	Alphanumeric	Full first name of a parent/guardian who will receive the benefits; use just one name, spelled the same for all siblings
2	Parent/Guardian Last Name	Alphanumeric	Full last name of a parent/guardian; use just one parent/guardian name spelled the same for all siblings
3	Primary Language Spoken	Alphanumeric (optional)	Optional, used for DHHS contact
4	Address Line 1	Alphanumeric	Street address/PO box of parent/guardian; use the same address for all siblings in a household
5	Address Line 2	Alphanumeric (optional)	Optional, second line of street address/PO box
6	City	Alphanumeric	City of parent/guardian, please use the same address for all siblings in a household
7	State	Alphanumeric (2 letters)	State abbreviation (2 letters) of parent/guardian state of residence; use the same address for all siblings in a household
8	Zip Code	Alphanumeric	Zip code (5 digits) of parent/guardian address; use the same address for all siblings in a household

9	Parent Phone Number	Alphanumeric (xxx-xxx-xxxx) (optional)	Optional, used for DHHS contact
10	Parent E-mail Address	Alphanumeric (optional)	Optional, used for DHHS contact
11	Student First Name	Alphanumeric	Full first name
12	Student Last Name	Alphanumeric	Full last name
13	Student Birth Date	Alphanumeric	Formatted as MM/DD/YYYY; used for EBT card PIN
14	NDE Student ID	Numeric (10 digits)	NDE's unique student ID (10 digits) (aka state ID)