

2022-2023 Pandemic Electronic Benefit Transfer (P-EBT) File Upload

Once in the P-EBT File Upload application in the NDE Portal, please select a month as the first step. The file(s) submitted for the selected month would contain students who are eligible for benefits in that month due to them missing instructional days due to COVID-related absences (also in that same month). Please submit one or more comma separated value (**.csv file extension**) files for each month as needed. These files are collected to enable students' families to qualify for the P-EBT benefits program managed by the Nebraska Department of Health and Human Services (DHHS).

The file(s) should contain only students **who qualify for free or reduced-price lunch**, and who were not in the classroom (**students were absent or learning remotely**) for any number of instructional days during the month.

Please do not submit any data for students that do not qualify. Only submit one row per student per month that contains the total number of days missed for the month. Student enrollment and food program data will be verified for qualifications at the time of issuance.

Upload your files using the column format below, which is also available in the [template file](#) downloaded through the P-EBT File Upload application in the NDE Portal:

| Column Number | Name | Data Format | Notes |
|---------------|----------------------------|--------------------------|--|
| 1 | Parent/Guardian First Name | Alphanumeric | Name of primary parent/guardian who will be issued the benefit |
| 2 | Parent/Guardian Last Name | Alphanumeric | |
| 3 | Primary Language Spoken | Alphanumeric (optional) | Home language spoken by family for contact from DHHS, if available |
| 4 | Address Line 1 | Alphanumeric | Home address of primary parent/guardian, required to issue EBT benefit cards |
| 5 | Address Line 2 | Alphanumeric (optional) | |
| 6 | City | Alphanumeric | |
| 7 | State | Alphanumeric (2 letters) | |
| 8 | Zip Code | Alphanumeric | 5 digit zip codes |

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|----|----------------------------------|--|--|
| 9 | Parent Phone Number | Alphanumeric (xxx-xxx-xxxx) (optional) | Home phone of primary parent/guardian for contact from DHHS, if available |
| 10 | Parent E-mail Address | Alphanumeric (optional) | Email of primary parent/guardian for contact from DHHS, if available |
| 11 | Student First Name | Alphanumeric | The eligible student, as described above |
| 12 | Student Last Name | Alphanumeric | |
| 13 | Student Birth Date | Alphanumeric (yyyy-mm-dd or m/d/yyyy) | Required for issuing EBT benefit cards |
| 14 | NDE Student ID | Numeric (10 digits) | NDE's unique state student ID, required for data verification |
| 15 | NDE School Agency ID | Alphanumeric (xx-xxxx-xxx) | The 11-digit NDE agency ID of the school the student is enrolled at within your district |
| 16 | Days Absent or Remote from COVID | Numeric (up to 3 decimals xx.xxx) | The total number of instructional days the student was not in the classroom (absent or remote learning) due to COVID during the month. Districts may sum up partial day amounts. |