

Summer 2024 Electronic Benefit Transfer (S-EBT) File Upload

Please utilize the SEBT data template saved as a comma separated value (.csv) file. This file will 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 on file with your school**. This includes two types of eligibility:

1. A complete school meals program application for meal benefits that demonstrates Free or Reduced-price meal eligibility based on household size and income; or
2. Identified as eligible for Free or Reduced-price meal benefits because the student is on the Direct Certification Match List.

Include only pre-kindergarten and Kindergarten through 12th grade students who qualify for meal benefits. **DO NOT include children who may have an NDE ID and receive home services but are not enrolled attending pre-kindergarten or Kindergarten through 12th grade.*

Please do not submit any data for students who do not qualify by a school meals income eligibility application. The NDE is able to aggregate information for Directly Certified students so they do not need to be included in your school's data submission. However, if your school finds it easier to include them in your data submission, that is permissible.

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

Column Number	Name	Data Format	Notes
1	Parent/Guardian First Name	Alphanumeric	Full first name of a parent/guardian who will receive SEBT 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)	<i>OPTIONAL</i> : used for DHHS contact
4	Address Line 1	Alphanumeric	Street address/PO Box of parent/guardian identified above; use the same address for all siblings in a household
5	Address Line 2	Alphanumeric (optional)	<i>OPTIONAL</i> : second line of street address/PO Box
6	City	Alphanumeric	City of parent/guardian; please use 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)	<i>OPTIONAL</i> : used for DHHS contact
10	Parent E-mail Address	Alphanumeric (optional)	<i>OPTIONAL, ENCOURAGED</i> : used to confirm eligibility of benefits and 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 state student ID (10 digits) (aka state ID)