

Pandemic Electronic Benefit Transfer

- Nutrition benefits available to students
- Student Qualifications
 - Enrollment
 - Free or Reduced Price Meals
- First issued in Spring 2020
- Benefits continuing in 2022

Issuing P-EBT Benefits

- 1. School Districts determine eligibility
- 2. Upload to NDE Portal
- 3. NDE Review
- 4. DHHS Review
- 5. Card distribution by DHHS
- 6. Benefits received

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Summer 2021 P-EBT Wrap Up

- Accepting Summer P-EBT benefits through February 11
- Expected to be issued last week of February
- Qualifications
 - Enrolled at school district on last day of 20-21 school year;
 AND
 - Qualified for free or reduced price meals during the 20-21 school year or summer coverage period (May 31 2021 – August 13 2021)

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- For school to qualify, 1 enrolled student must have fiveconsecutive absence days due to COVID
- Three tiers of based on duration of COVID-related absence
 - 3-day benefit for at least part of 1 day and less than 5 absence days = \$21
 - 10-day benefit for 5 to less than 14 absence days = \$71
 - 17-day benefit for 14 or more absence days = \$121

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- COVID-related absence:
 - School directs student to stay home: individual student, classroom, building
 - Parent-directed COVID-related absence accepted by the school
- Students enrolled in virtual schools/academies are NOT eligible for P-EBT



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 benefits
5	Address Line 2	Alphanumeric (optional)	
6	City	Alphanumeric	
7	State	Alphanumeric (2 letters)	
8	Zip Code	Alphanumeric	5 digits preferred
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

- Timely issuance of benefits requires accurate information/data
- Free & Reduced-price meal eligible students ONLY

12	Student Last Name	Alphanumeric	
13	Student Birth Date	Alphanumeric (yyyy-mm-dd or m/d/yyyy)	Required for benefit issuances
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.

- Be prepared to submit SY21-22 data four times
 - August, September & October on/around March 4
 - November, December & January on/around March 28
 - February & March on/around May 23
 - April & May on/around July 18
- Can submit data before final deadlines

ili Incorrect Benefit Issuance

- Correcting a guardian or address
- Reconsideration Process
- NDE Contact Information
 - Via phone:402-471-2488
 - Via Email: nde.nsweb@nebraska.gov
- DHHS Contact Information
 - Via phone: 800-383-4278 or 402-471-9043
 - Via Email: DHHS.NebraskaPEBT@nebraska.gov

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What's Next for P-EBT

- 21-22 Plan Approval
- Summer 2022

Q&A Session

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