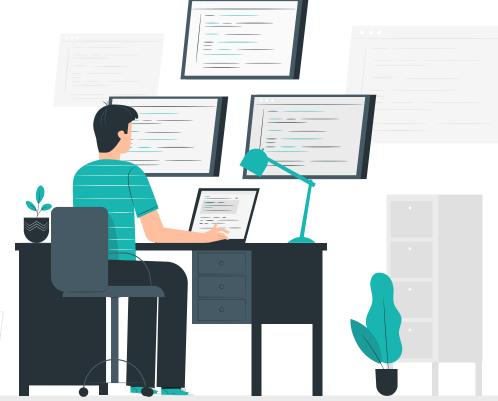
# Pandemic EBT (P-EBT)

Feeding Florida's Children







#### What is P-EBT?



Pandemic Electronic Benefit Transfer (P-EBT) provides Supplemental Nutrition Assistance (SNAP) benefits for:

- each student who received free or reducedprice meals for the 2020-2021 school year and
- was enrolled in innovative learning.

This is to replace the meals they would have received had they attended brick-and-mortar school.



# Eligibility Criteria 2020-2021 School Year

Would have received free or reduced-price meals under NSLP and SBP if not for the PHE.

#### This includes children who are:

- ✓ Directly Certified
- ✓ Certified by Application
- ✓ Enrolled in Community Eligible Provision School
- ✓ School operating under Provisions 2 or 3

#### and

✓ did not receive free or reduced-price meals at the school because the school is closed or has been operating with reduced attendance or hours for at least 5 consecutive days in the current school year.



# Certification of Eligibility



Provide one certification from each school district or charter school with the file submission.

Review the document in your handouts.





## What is my role?

Collect data from your district or charter school so DCF can issue correct benefits to eligible children in a timely manner.

Precisely and accurately follow the instructions on the following slides.

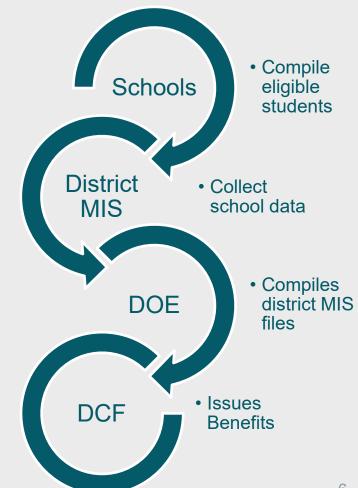
Failure to follow the guidelines presented in this training will cause data exceptions and customer requests that delay benefits to children.





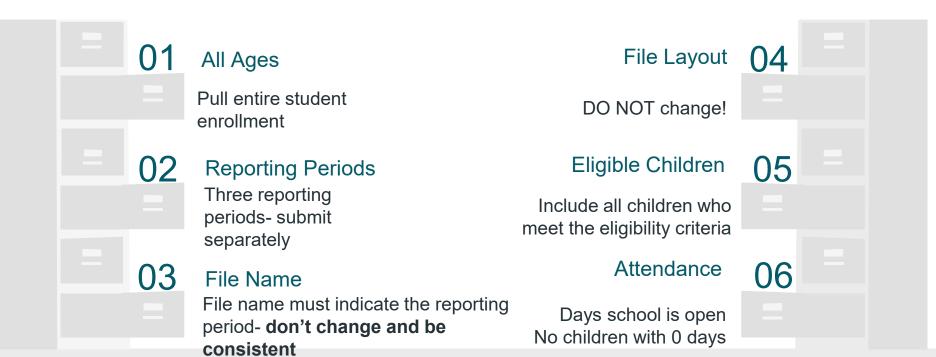
# Data Collection Flow

Issuance of Benefits





#### File Criteria







#### Do not include:

Teacher Planning Regular Breaks Regular Holidays Natural Disaster

Only include days the school is open





#### Include:

Number of days attending innovative learning for each reporting period. If attendance is not available, provide days enrolled.

### Attendance days



#### **Submission Timeline**

| School Attendance Dates*          | Data Submission Deadline |  |
|-----------------------------------|--------------------------|--|
| August 2020 through December 2020 | 4/9/2021                 |  |
| January 2021 through March 2021   | 5/14/2021                |  |
| April 2021 through June 2021      | 7/16/2021                |  |



- Only include 2020-2021 school year
- Use original school start date- even if delayed start due to COVID
- School begin dates may vary
- School end dates may vary





<sup>\*</sup> If actual attendance is not available, use days of enrollment in innovative program.





| No | Field Description                         | Size | Comment   | Data Type       | Field Required  |
|----|---|------|---|-----------------|---|
| 1  | District number                           | 2    | District Number Value range from 01 through 74  | Numeric         | Mandatory   |
| 2  | School number                             | 4    | School ID number  | Numeric         | Mandatory   |
| 3  | School Name                               | 50   | Name of School  | Alpha           | Mandatory   |
| 4  | Student ID - FLEID                        | 20   | Student FL Education ID   | Alpha /Numeric  | Mandatory   |
| 5  | Student Last Name                         | 25   | Student Last Name   | Alpha           | Mandatory   |
| 6  | Student First Name                        | 15   | Student First Name  | Alpha           | Mandatory   |
| 7  | Student Middle Initial                    | 1    | Student Middle Initial  | Alpha           | Highly Desired  |
| 8  | Student Birth Date                        | 8    | Student DOB   | Date - MMDDCCYY | Mandatory   |
| 9  | Student Social Security Number            | 9    | Student SSN   | Numeric         | Highly Desired  |
| 10 | Parent/HOH Last Name                      | 25   | Parent or Head of Household Last Name   | Alpha           | Mandatory   |
| 11 | Parent/HOH First Name                     | 15   | Parent or Head of Household First Name  | Alpha           | Mandatory   |
| 12 | Parent/HOH Middle Initial                 | 1    | Parent or Head of Household Middle Initial  | Alpha           | Highly Desired  |
| 13 | Parent/HOH Birth Date                     | 8    | Parent or Head of Household DOB   | Date - MMDDCCYY | Optional  |
| 14 | Parent/HOH Social Security Number         | 9    | Parent or Head of Household SSN   | Numeric         | Optional  |
| 15 | Language Indicator                        | 1    | E – English<br>S – Spanish<br>C – Creole  | Alpha           | Mandatory   |
| 16 | Address Line 1                            | 47   | C - Credle  | Alpha/Numeric   | Mandatory   |
| 17 | Address Line 2                            | 30   |   | Alpha/Numeric   | Mandatory   |
| 18 | City                                      | 20   | Address where the EBT card will be mailed   | Alpha           | Mandatory   |
| 19 | State                                     | 2    |   | Alpha           | Mandatory   |
| 20 | ZIP Code                                  | 5    |   | Numeric         | Mandatory   |
| 21 | ZIP4                                      | 4    |   | Numeric         | Optional  |
| 22 | Telephone Number                          | 10   | Payee Telephone Number  | Numeric         | Highly Desired  |
| 23 | Email Address                             | 50   | Payee or Parent contact Email ID  | Alpha           | Highly Desired  |
| 24 | No of days enrolled in innovative program | 3    | Used to calculate the Benefit Amount  | Numeric         | Mandatory   |
| 25 | Request ID                                | 10   | Request from customer   | Numeric         | Optional – Required only for P-EBT requests submitted by DCF for eligibility review |
| 26 | P-EBT Request Status                      | 1    | Required only for P-EBT requests submitted through SSP (A-Approved, D-Denied)         | Alpha           | Optional – Required only for P-EBT requests submitted by DCF for eligibility review |
| 27 | Enrollment Period                         | 2    | Values (P1-Aug2020 to Dec 2020, P2-Jan 2021 to Mar<br>2021, P3-Apr 2021 to June 2021) | Alpha/Numeric   | Optional - field will be<br>BLANK   |
| 28 | Reason for Submission                     | 1    |   | Indicator       | Optional - field will be BLANK  |

#### File Naming Convention

#### **School Districts**:

<DN>\_PEBT2\_<SUBMISSION\_INDICATOR> [where: DN = DISTRICT NUMBER; SUBMISSION\_INDICATOR = 042021 (for period 1), 052021 (for period 2), 072021 (for period 3)]

Example: Leon County 1st submission: 37\_PEBT2\_042021.xls

#### **Charter Schools:**

<DN>\_<SN>\_PEBT2\_<SUBMISSION\_INDICATOR> [where: DN = DISTRICT NUMBER; SN =
School Number; SUBMISSION\_INDICATOR = 042021 (for period 1), 052021 (for period 2),
072021 (for period 3)]

Example: Leon County Governor's Charter School 1st submission: 37\_1441\_PEBT2\_042021.xls



#### **Files Submission**

#### Two files must be submitted:

- 1. Data File
- 2. Certification Form

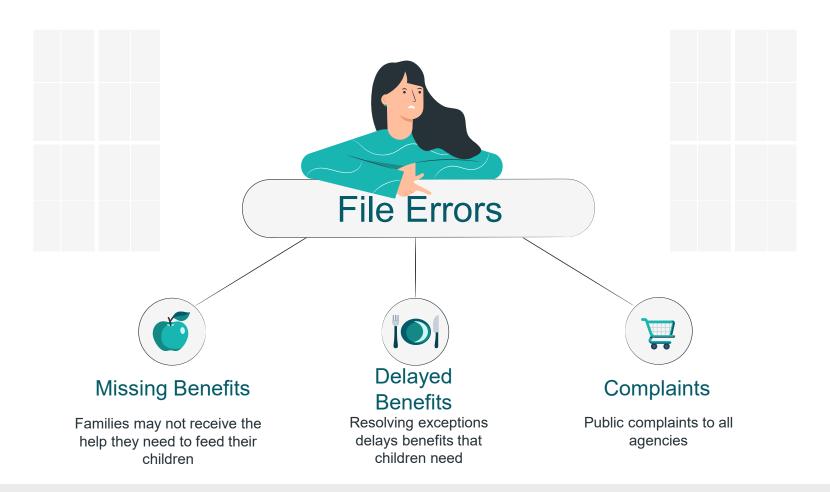
#### **School Districts:**

Files will be uploaded to: https://fldoe.sharefile.com/r-r1c8a67eaa5c4594b

#### **Charter Schools:**

Files will be uploaded to: https://fldoe.sharefile.com/r-r51ce90b0a8b4470b



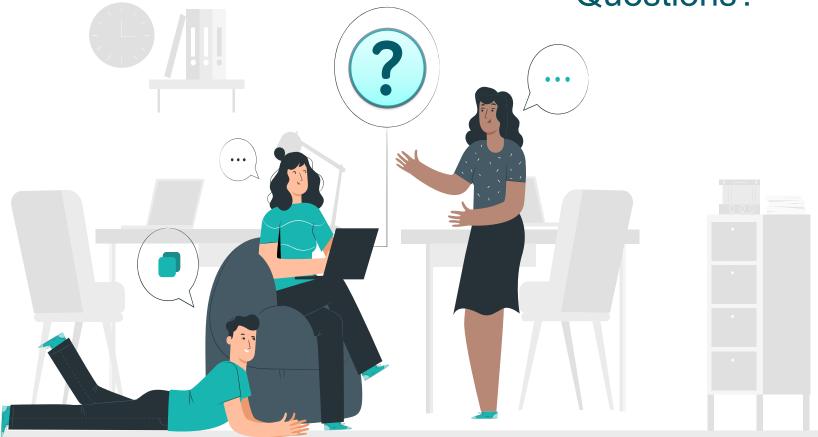








## Questions?





#### **Contacts**

# Department of Education (DOE)

Data collection file and layout



Stephen Bowen or Antonio Carter DigitalLearning@fldoe.org

# Department of Children and Families (DCF)

Program policy and EBT issuance



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