

Pandemic Emergency EBT (P-EBT) Collection Secure File Transfer Instructions

Data Procedures

Please work with your food service coordinators to access these information. AOE believes that a food service point of sale system will be the easiest and most efficient way to access the information, however we recognize that some districts or organizations will also need to rely on information in their Student Information Systems.

Once you have obtained the data from your source system, please download and use the [Excel template file named edu-p-ebt-datatemplete.xlsx](#). There are two tabs in the excel workbook. The “Info sheet” provides the same information as what appears in Table 1 for your reference. The other tab “Data Template” is upon your receipt just the header row for the data collection.

Data Specifications

Please see the below table for data types and lengths. The column “Restrictions” will be particularly important for your consideration as you prepare your data submissions.

Table 1: Data Specifications for P-EBT Data collection

Field	Character Format	Description	Restrictions	Priority
Head of Household First Name	Alphabetic– 11 characters Maximum	First name of the individual identified as the Card Holder	Only A-Z and space characters accepted.	Required
Head of Household Middle Initial	Alphabetic – 1 character Maximum	First letter of the middle name of the individual identified as the Card Holder	Only A-Z accepted.	Optional
Head of Household Last Name	Alphabetic– 15 characters Maximum	Last name of the individual identified as the Card Holder	Only A-Z and space characters accepted.	Required

Contact Information:

If you have questions about this document or would like additional information please contact:

AOE Data Management & Analysis Team at AOE.SLDSSupportGroup@vermont.gov

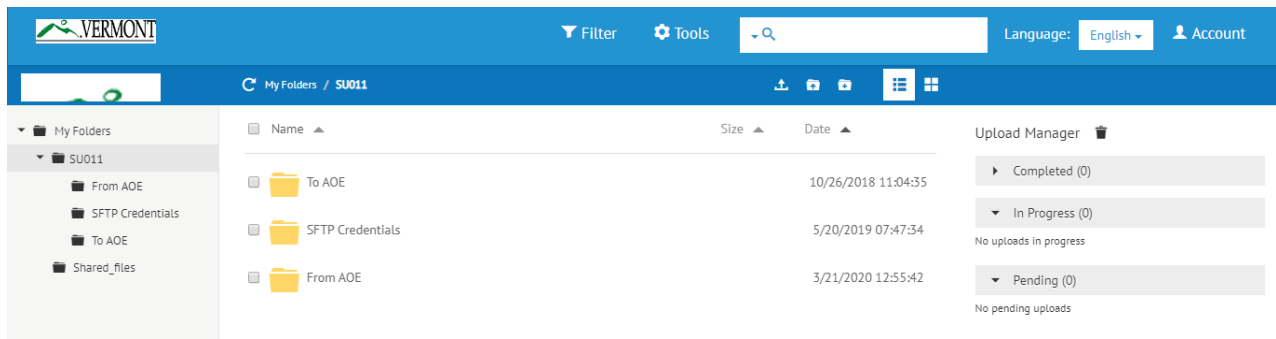
Field	Character Format	Description	Restrictions	Priority
Head of Household Modifier	Alphabetic– 3 characters Maximum	Modifier of the individual identified as the Card Holder	Only A-Z accepted. Ex: Jr, Sr, I, III, IV	Optional
Head of Household Street Address 1	Alphanumeric – 24 characters Maximum	Mailing Street address of the individual identified as the Card Holder	Characters A-Z accepted. Numeric 0-9 accepted. Ex: PO Box 94	Required
Head of Household Street Address 2	Alphanumeric – 24 characters Maximum	Mailing Street address of the individual identified as the Card Holder	Characters A-Z accepted. Numeric 0-9 accepted. Ex: APT 304	Optional
Head of Household City	Alphabetic– 15 characters Maximum	Mailing City of the individual identified as the Card Holder	Only A-Z accepted.	Required
Head of Household State	Alphabetic– 2 characters Maximum	Mailing State abbreviation of the individual identified as the Card Holder	Only A-Z accepted.	Required
Head of Household Zip Code	Numeric – 9 characters Maximum	Mailing Zip code of the individual identified as the Card Holder	Only Numeric 0-9 accepted. Either 5 characters or 9 if including ZIP extension. Ex: 05671, 056712100	Required
Head of Household Phone	Numeric – 10 characters Maximum	Phone number of the individual identified as the Card Holder	Only Numeric 0-9 accepted. Ex: 8021234567	Optional

Field	Character Format	Description	Restrictions	Priority
Child's First Name	Alphabetic– 11 characters Maximum	First name of the individual identified as the child receiving meals	Only A-Z and space characters accepted.	Required
Child's Middle Initial	Alphabetic– 1 character Maximum	First letter of the middle name of the individual identified as the child receiving meals	Only A-Z characters accepted.	Optional
Child's Last Name	Alphabetic– 15 characters Maximum	Last name of the individual identified as the child receiving meals	Only A-Z and space characters accepted.	Required
Child's Modifier	Alphabetic– 3 characters Maximum	Modifier of the individual identified as the child receiving meals.	Only A-Z accepted. Ex: Jr, Sr, I, III, IV	Optional
Child's Date of Birth	Numeric – 8 characters Maximum	Date of birth of the individual identified as the child receiving meals.	Only Numeric 0-9 accepted. Ex: 03312020	Required

To Upload

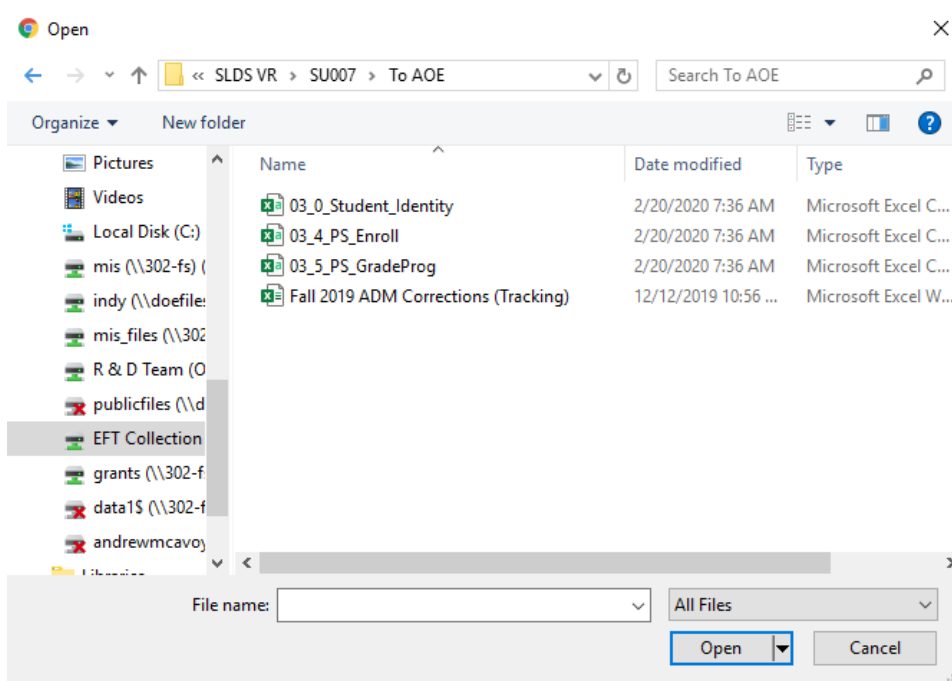
Once you have completed your work with the data template you will need to upload the file to the AOE secure file server. The files for SU/SD's will be the SLDS VR folders that the SLDS data managers have access to. The independent schools who participate in the National School Lunch Program will receive a separate email about what credentials to use at the secure server site.

1. Go to the [Globalscape Secure EFT website](#).
2. Enter your username and password.
3. Click in your organization's folder and then the "To AOE" folder.



4. Click on the upload button in the toolbar or click on File then Upload.

5. A window will appear. Find your file, select it and press open.



6. Please email AOE.SLDSSupportGroup@vermont.gov to confirm your submission.

Contact Us

There are two methods for contact the AOE Help Desk:

Email: AOE.SLDSSupportGroup@vermont.gov

Phone: (802) 828-1017 or (802) 279-7025.