

Alameda Countywide HMIS

Agency Network System Report Form

Agency Name:

Agency Location:

Note: If the agency maintains systems at more than one location, this report must be completed for each physical location of a network system.

Server Firewall Software (name and version):

Last Updated:

Anti-virus Software (name and version):

Last Updated:

1. Is server automatically updated on virus definitions? YES NO

If NO, indicate Automatic Update Schedule:

2. Indicate Server anti-virus scan schedule:

3. Server settings (domain controller) prohibit a user from logging onto more than one workstation at a time. YES NO

If NO, indicate how you will meet this requirement:

4. Server settings prohibit a user from logging onto the network at more than one physical location at a time. YES NO

If NO, indicate how you will meet this requirement:

5. Does your OS/Server maintain a user access log? YES NO

If NO, indicate how you will meet this requirement:

By: Date:

Title:

Please send copy of this Agency Network System Report Form to the HMIS System Administrator at: hmissupport@achmis.org upon completion.

02/06/23

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