

DuPage County HMIS

2020 Security Assessment

Instructions:

This assessment is specific to networks and devices used for Homeless Management Information (HMIS) purposes and any equipment networked with these devices, which all must be reviewed for compliance with the [DuPage County HMIS Standard Operating Procedures – Security Plan](#)¹. Personnel responding to this assessment must be qualified to assess this agency’s network, devices, and security practices to ensure the protection and privacy of the data collected, stored, and shared.

The completed assessment is to be returned to HMIS@dupageco.org by this agency’s site visit to ensure compliance with the HMIS Security Plan.

Agency Name: _____

Devices	Total	Devices Notes	Devices Initials
Total number of devices that are used for HMIS or are networked to a device used for HMIS.			
Number of devices assessed for this site visit. (Completed by HMIS System Admin)			

Virus Protection	Status	Virus Protection Notes	Virus Protection Initials
All devices (as noted above) have industry compliant virus protection software installed.			
The virus protection software updates automatically.			
Virus Scans are completed at least weekly.			
All operating systems are supported by their vendors.			
The virus protection software includes anti-spyware functionality.			

Firewall	Status	Firewall Notes	Firewall Initials
All devices are either individually firewalled or networked to a server that has a firewall.			

¹ <https://www.dupageco.org/HMIS/SOP/HMIS@dupageco.org>

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Physical Access	Status	Physical Access Notes	Physical Access Initials
All devices are controlled via a unique user log-in and password protection.			
Password protected screensavers are automatically activated after less than 15 minutes of inactivity.			

Disposal	Status	Disposal Notes	Disposal Initials
Agency appropriately disposes of all electronic data and can provide the current disposal policy.			

Hard Copy Data	Status	Hard Copy Data Notes	Hard Copy Data Initials
Agency destroys all hard copy data before disposal.			

Signature of Person Completing the Form

Date

Name Printed

HMIS Signature

Date