

Welcome to the Ramsell Member Portal!

You can complete an enrollment application as a new or existing program member.

In order to begin the enrollment application process, you must be a registered user with an account.

If you do not have an account, click on '**Create New Account**'.

If you have already registered, enter your user name and password and click on '**Log In**'.

*If you do not know whether you have been on **ADAP**, call the helpdesk at (202) 671-4900.*



User Name
Password

[Forgot your User Name OR Password?](#)

Need more help?

[Login Support](#)
[RMP Login Help](#)

[Browser Support](#)
[Supported Browsers](#)



Registration is easy!

If you are using this site for the first time, click on 'Create New Account'.

Personal Info Contact Details Confirmation

We thank you for your interest in the **Ramsell Member Portal (RMP)** registration. Please complete the registration process to receive a confirmation email and activate your account.

Have you **EVER** been enrolled in the Washington DC AIDS Drug Assistance Program (ADAP) before (even if your eligibility is expired)? If you do not know, please call **(202) 671-4900**.

No
No
Yes

Last Name *

Date of Birth *

If you are under 18 years of age, you must have someone over 18 complete this application on your behalf.

Social Security Number
XXXX-XX-____

Social security number must be in ###-##-#### format

User Name *

Minimum 8 characters, maximum 15 characters.

Cancel

Next

First time user registration

You must tell us if you are a NEW or EXISTING program member. Complete all of the questions with an '*' next to it.


We thank you for your interest in the **Ramsell Member Portal (RMP)** registration. Please complete the registration process to receive a confirmation email and activate your account.

Have you **EVER** been enrolled in the Washington DC AIDS Drug Assistance Program (ADAP) before (even if your eligibility is expired)? If you do not know, please call **(202) 671-4900**.

Yes ▾

First Name *

Last Name *

Date of Birth *
 

If you are under 18 years of age, you must have someone over 18 complete this application on your behalf.

Social Security Number

Social security number must be in ###-##-#### format

Registration Code *

Member ID *

User Name *

Minimum 8 characters, maximum 15 characters.

Cancel

Next

First time user registration for EXISTING client

If you are an existing client, you MUST have 3 forms of identifying information that match your file:

- 1. Date of birth
- 2. Member ID number (11 digit ID number on your card)
- 3. Registration code OR social security number

Call ADAP at **(202) 671-4900** to obtain your registration code and/or ID number


Personal Info Contact Details **Confirmation**

We thank you for your interest in the **Ramsell Member Portal (RMP)** registration. Please complete the registration process to receive a confirmation email and activate your account.

Have you **EVER** been enrolled in the Washington DC AIDS Drug Assistance Program (ADAP) before (even if your eligibility is expired)? If you do not know, please call **(202) 671-4900**.

No

First Name * Last Name *

Date of Birth * 

If you are under 18 years of age, you must have someone over 18 complete this application on your behalf.

Social Security Number

XXXX-XX-____

Social security number must be in ###-##-#### format


User Name *


Minimum 8 characters, maximum 15 characters.


Cancel Next

First time user registration for a NEW client

If you are a NEW client, complete all of the questions with an ‘*’ next to it.

 Personal Info

 Contact Details

 Confirmation

We thank you for your interest in the **Ramsell Member Portal (RMP)** registration. Please complete the registration process to receive a confirmation email and activate your account.


Have you **EVER** been enrolled in the Washington DC AIDS Drug Assistance Program (ADAP) before (even if your eligibility is expired)? If you do not know, please call **(202) 671-4900**.

No 

First Name *

Last Name *

Date of Birth *

If you are under 18 years of age, you must have someone over 18 complete this application on your behalf.

Social Security Number

Social security number must be in ###-##-#### format

User Name *

Minimum 8 characters, maximum 15 characters.

Cancel

Next

Completing your registration

Complete all of the questions with an '*' next to it and be sure to use the 'Next' or 'Previous' buttons to go to the next screen.

You must complete your registration or cancel. Registration information cannot be saved.

Progress bar: Personal Info (blue), Contact Details (orange), Confirmation (blue with green checkmark)

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Email *

Confirm Email *

Phone

Phone Type
Select One

Buttons: Cancel, Previous, Next

Enter the Valid Email account

You must enter valid email account. This is important to receive registration verification email and also to activate your account.

The image shows a registration form with a progress bar at the top. The progress bar has three steps: 'Personal Info' (with a person icon), 'Contact Details' (with a location pin icon), and 'Confirmation' (with a green checkmark icon). The 'Confirmation' step is highlighted in orange. Below the progress bar is a large grey area containing a reCAPTCHA 'I'm not a robot' checkbox and a refresh icon. At the bottom are 'Cancel', 'Previous', and 'Finish' buttons.

I'm not a robot

For security, we must make sure that you are not a system robot. You must select the requested images for verification and click on verify. If you can't read the images, click on, refresh icon from bottom left corner. Once you select all the matching images, click on the 'Verify' button.










If you do not see **I'm not a robot**, you must use a different Internet browser.

Personal info > Contact De

Cancel

Phone: 1-888-311-7632 | Fax: 1-800-311-7632

Select all images with
roads
Click verify once there are none left.

↶ 🔊 ⓘVERIFY

Congratulations, you have registered successfully! Our goal is to provide the highest quality care for all of our members in a timely and confidential manner.

An email has been sent to the email address that you have provided. Follow the instructions in the email in order to complete the registration process.

[Sign In](#)

Registration confirmation

Congratulations! You have completed the registration. You will be sent an email to the email address that you have provided to complete your registration.

You cannot sign in until you have been verified. Your registration verification will be emailed to you.