

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 don't know if you've been on **ADAP** before, call (303) 692-2716.*



 **COLORADO**
Department of Public Health & Environment

User Name

Password

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

Need more help?

[Login Support](#) | [Browser Support](#)
 RMP Login Help |  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.

Are you an existing **Colorado State Drug Assistance Program** member?

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.

Are you currently living with HIV? *

Select One

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.

Are you an existing **Colorado State Drug Assistance Program** member?

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

XXXX-XX-____

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

User Name *

Minimum 8 characters, maximum 15 characters.

Registration Code *

Member ID *

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 SDAP at **(303) 692-2716** to obtain your registration code and/or ID number



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.

Are you an existing **Colorado State Drug Assistance Program** member?

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.

Are you currently living with HIV? *

Select One

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.

Are you an existing **Colorado State Drug Assistance Program** member?

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.

Are you currently living with HIV? *

Select One

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.

Personal Info **Contact Details** Confirmation

Address Line 1

Address Line 2

City State Zip Code

Email *

Phone Phone Type

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.

Personal Info Contact Details Confirmation

I'm not a robot

reCAPTCHA
Privacy - Terms

Cancel Previous Finish

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 provided to complete your registration.

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